217-26-1190 Land & Stem 814 W. 37th St.

mayout Inheorte

Mt.

25B. NAME OF REGISTRAR

Auburn

Balto

ADDRESS
T70T McCulloh

BALTO, MD.

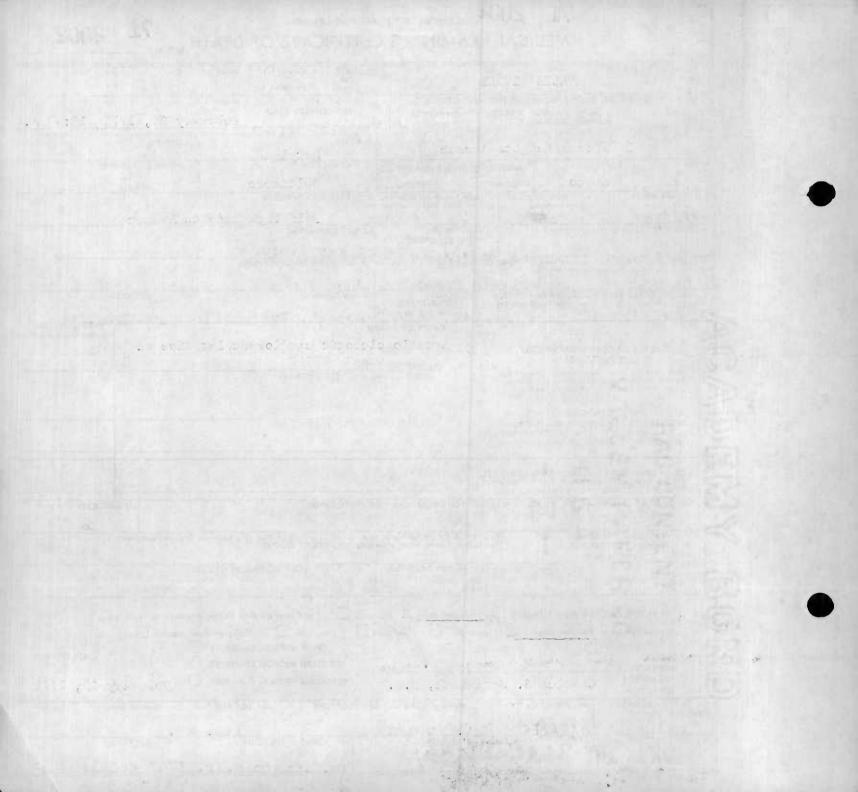
25C. FUNERAL DIRECTOR

Wm.I. Chatman. Jr.

Rurial

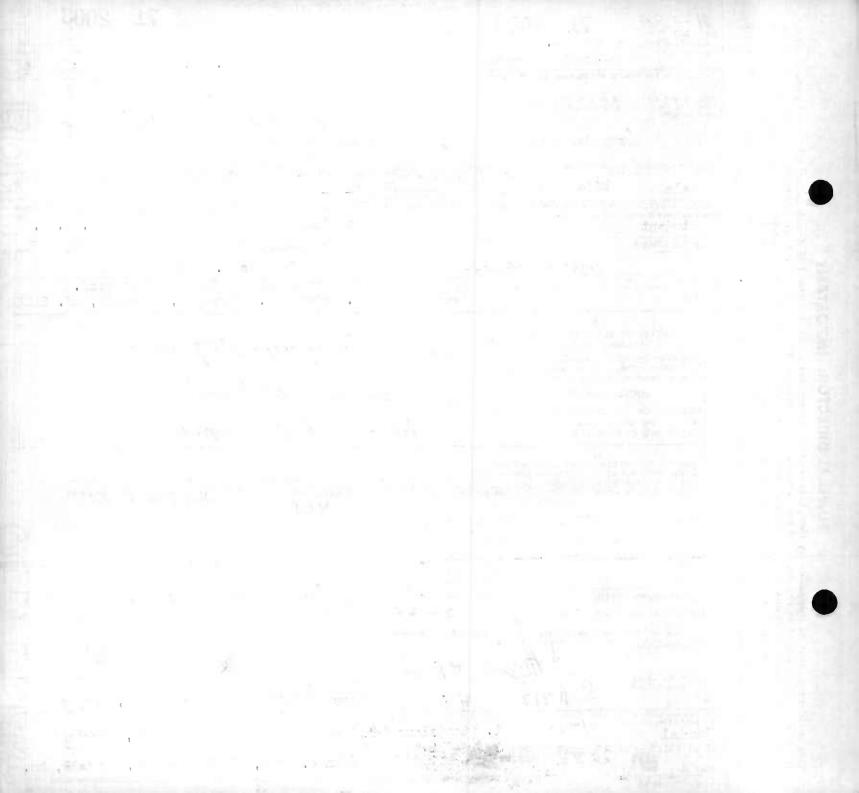
VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT

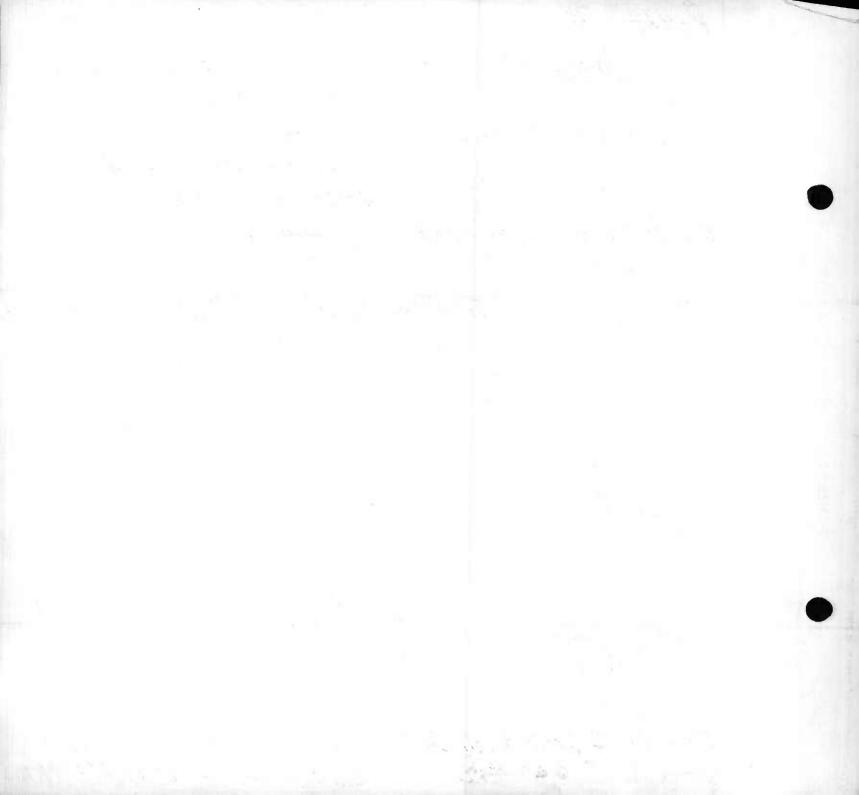


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A-521	71	2003		HEALTH DEPARTMEN	Y	71 2003
IKIH NO.		2000	CERTIFICA	TE OF DEAT		
Type or Print)	Joseph A	at kowi al		2, DAT	E AND HOUR OF DEATH	
3. PLACE IN BAL	TIMORE MARYLAND, W			NA LISUAL RESIDENCE	Feb. 25, 1	971 1:25 Am.
FULL NAME OF HOSPITAL OR INSTITUTION			UTION, GIVE STREET	Md B. C	Baltimore	SIDE CITY LIMITS?
27	Mercy Hospita	a1		C. CITY OR TOWN DUN Balto		YES NO
				7828 Ke	ntley Rd	
SEX	6. RACE	7. MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. , Il Under 24 Hrs.
Male	White	WIDOWED	DIVORCED	5-21-62	lost birthdoy)	Months Days Hours Min.
A. USUAL OCCI one during most of Student	working life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE IState of Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY U. S. A.
FATHER'S NA	ME	<u> </u>		14 MOTHER'S MAIDEN	NAME	
Was Decessed	Ever in U. S. Armed For	cos?	ak 16. social		ette C. Kuhn	TO AMDRESS
No No	(If yes, give war or date	s of service)	None		ther) 7828 Ke R. Antkowiak,	Dundalk, Md. 2122
DISEASES OF THE UNDERLYING OTHER SIGNIFITO THE DEATL DISEASE OR CO	asthenia, etc. It means uplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) to CONDITION last. II CANT CONDITIONS COIL HOUSE CONDITION GIVEN IN PART OPERATION 198. CON WAS PERF	death.) sny, giving staling the NTRIBUTING HE TERMINAL I (A). DITION FOR W	(c) losse	Rebral Q	i Syndre	FINDINGS CONSIDERED
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	21 B, home	PLACE OF INJURY le.g., in a, form, factory, street, of	or obout 21 C. WHERE DI	D (II In Boltimor	re City, give exact location)
OF INJURY (APPROX.)	(Month) IDay) (Year)	100	INJURY OCCURRED Not While At Work	21F. HOW DID	INJURY OCCUR?	T)
22. I certify	that (1) (this hospital	attended th	e deceased from	2-21-		- 25 1971
that (I) (we)	last saw the decease	d ollve on	2-25	1971 on	d that In (my) (our) opl	nion death occurred on the date
and hour and	fram the couses stat	d glove. (1)	(We) (dld) (did-not) vi			
23A. SIGNATU		//				23B, DATE SIGNED
	4,	Mil	M. D DEGREE Phys	Med. Director	Staff Phys.	2/25/71
23C. PHYSICIA NAME IT	S. Az	12	H.D. DEGREE	Mercy Hospi		cimore, Maryland
A. BURIAL CREA REMOVAL IS Burial	MATION, 248 DATE 2/27/71		Stanislaus Co		D. LOCATION IC	ily, town, or county) (State) Lmore, Maryland
AR 1 19	N HE WHO EN C.	FE AM	EGISTRAR	John J. Du	TOR	ADDRESS Ave. Dundalk, Md.
150-REV. 1/1/6	.6	7		0 0 0	7)	

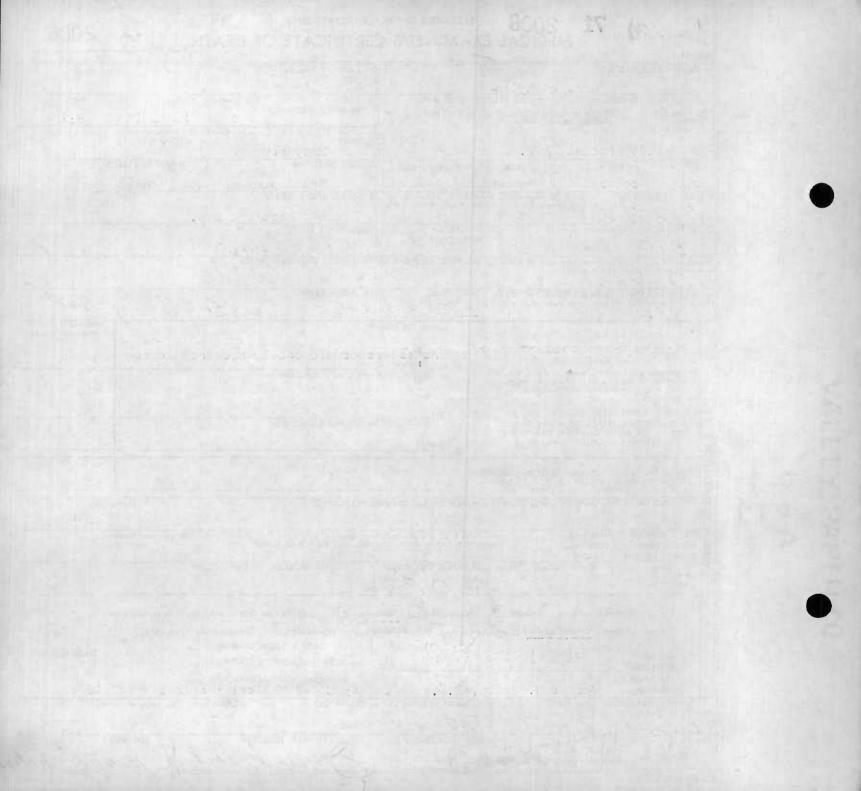


	BIR	V-4/2 11 21114	ATE OF DEATH REG. NO. 71 2004
	1. N	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
		George IVM Philips	2-24-7/ 1:58Pm
	3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	md. Cecil 5721
	INS	STITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	13	8 Univ. of Md Hospital	E, STREET AND NUMBER
		,	18 Watter Booldey St
made.	5. S	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors II Under 1 To If Under 24 His. Months; Doys Hours; Min.
		MIDOWED DIVORCED	4-71-14 36
2	10A	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR's during most of working life, even if retired)	T 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
9	E	Electrician Kanroad	Add. No! U.S.A.
OSI	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
disposition		George Washington Phillips.	Jennie Savidae
	15. \ (Yes	Wes Deceased Ever in U. S. Armed Forces? i, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
1110		No 7/7-07-949:	margarets Plillia Flyloum
orr		18. 114/ CAUSE OF DEAT	
0		DISEASE OR CONDITION DIRECTLY	etion of Aorta Secondary to BETWEEN ONSET AND DEATH
		LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR AS	USE Arterioselosotic Atora
E Da		heort foilure, osthenio, etc. It means the disease injury or complication which coused death.)	A CONSEQUENCE OF:
E		ANTECEDENT CAUSES	a arterior Peropic Coronaus
0		(8)	S A CONSEQUENCE OF: Dr. Com danean St.
0		rise to the above couse (A) stoling the	austose (
		10/	***************************************
remains	N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
2	ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
	읦	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
perore the	CERTIFICATION	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	
910		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF CONTRIBUTING COLORY, street, or contribution of colory, street, or contribution of colory colory colory.	In or about 21C. WHERE DID office bldg INJURY OCCUR? (If In Boltimere City, give exact location)
	-		
dined	MEI	21 D. TIME (Month) (Doy) (Yeos) (Hous) 21 E. INJURY OCCURRED OF INJURY OCCURRED While AI No! Whi	21F. HOW DID INJURY OCCUR?
D		Work LJ Al Work	
0		22. I certify that (i) (this hospital) ottended the deceosed from	2-15 19/7/10 2-24 19/7/
00		that (I) (we) last saw the deceased alive an	
151		and hour and from the couses stated above. (1) (We) (did) (did not)	
Ē			ending Med. Stoff 23B, DATE SIGNED
9		DEGREE Phy	230- ADDRESS
0 0		23C. PHYSICIAM'S NAME (Type) H. STAT Ihm MD	Univ. Hospist Mid Hosp.
approval must	24A	BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY OF CR	EMATORY 240. LOCATION (City, town, or county) IStote)
	1	REMOVAL (Specify)	LEMATORY 24D. LOCATION (City, town, or county) [Stote)
ritten	25A	DATE REC'D BY HEALTH DEPT. 1258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 2001 ADDRESS
3		MAR 1 1911 Polent & Jaben K. D.	Can a la contrata to the fact has
1	1/6	HICH AND THE PARTY OF THE PARTY	Granis Lancial House North 1920

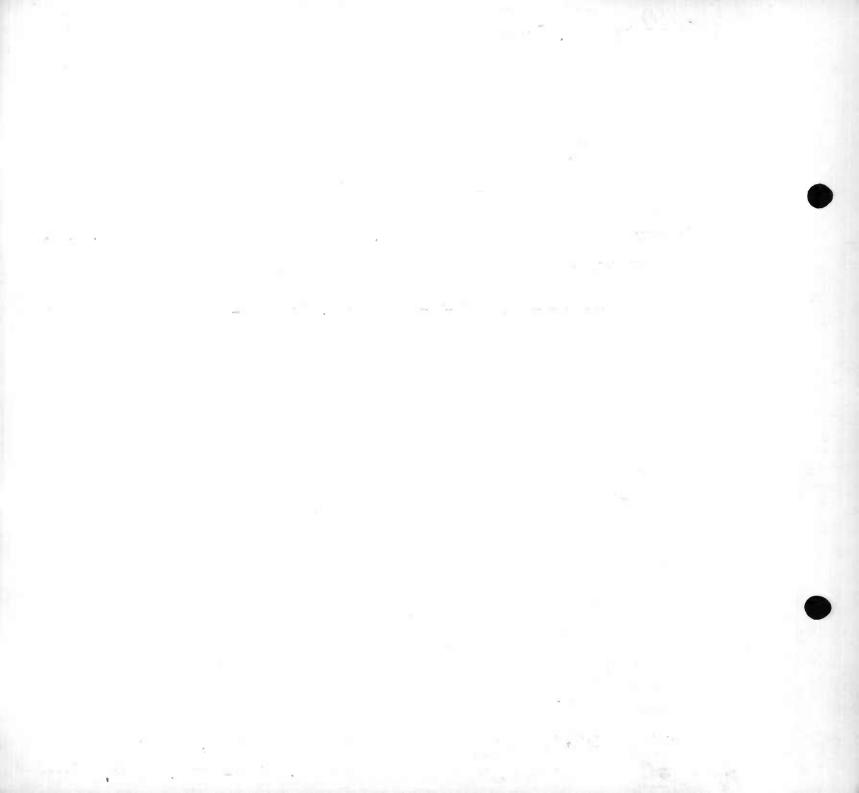


1	3-652	71	200	5 BALTIMORE CITY HI						
L DIE	RTH NO.	M	EDICA	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	71	2005
	NAME OF DECEA	ASED			2. DATE	Known 🔲	Month	Day	Yeor	Hour
(Ту	pe or Print)	VERA J.	BARNE	S	OF DEATH	Estimated	Mount	Duy	1601	
4.	PLACE IN BALTIA			RONOUNCED DEAD	3. DATE		Month	Doy	Year	Hour M.
FUL	L NAME OF	(IF NOT IN HOS	SPITAL OR INS	TITUTION, GIVE STREET	PRONO	UNCED DEAD	Februa	rv 20 1	971 in	1:20 P. M
	INSTITUTION	ADDRESS OR E	ocknow			ESIDENCE (Wher		ved. If Institution		T 4 - 0 - 1 1111
14	YUNION M	EMORIAL H	OSPITA	L	A. STATE	Maryland		B. COUNTY		907
6.		RACE		RIED NEVER MARRIED	C. CITY OF			D. INSIDE CI	TY LIMITS?	
	Fema le	Negro	WIDOV		Balt	imore		VI	s 🗆 ı	ио 🗆
9. [DATE OF BIRTH		E (In years	If Under 1 Yr. ii Under 24 Hrs. Months: Days Hours Min.	E. STREET	AND NUMBER				
11.	BIRTHPLACE (Stot	e or foreign countr		12. CITIZEN OF	13. FATHER	Cecil Ave	enue			
	Balto.	· md.		WHAT COUNTRY?		N A.	BAK	NES		
14A	USUAL OCCUPA	TION (Give kind of v	vork 14B. KIND	OF BUSINESS OR INDUSTR	0		ME			
done	STUAF	king life, even if retir	ed)		HE/	END F	1 FNN	ine		
16.	WAS DECEASED	EVER IN U.S. AR	MED FORCE	S? 17. SOCIAL	IB. INFOR	TAAN	14111	Al	DRESS	,
(Yes	No	yes, give war or da	ites of service	SECURITY NO.	John	A. BAR	NES	2540	-	
	19.304	/ 1		CAUSE OF DEA	TH		0.5	100		PROXIMATE INTERVAL EEN ONSET AND DEATH
П		OR CONDITION D				EL-1363				
П		ADING TO DEATH		(A)IMMEDIATE	LAUSE	arcotics	addict	ion		
	heart failure, os	me on the mode of the nto, etc. It means totion which coused	the disease.	DUE TO, OR	AS A CONSEC	UENCE OF:				
	indoxy or compil	condi which coosed	deoin.)	-						
		CEDENT CAUSES		(B)						
	KISE TO THE A	CONDITIONS, IF	STATING THE	DUE 10, OR	AS A CONSE	QUENCE OF:				
Z	UNDERLYING	CONDITION LAS	ST.	(c)		****		T		
H		li								
ERTIFICATION	TO THE DEATH	CANT CONDITION!	TO THE TERM	INAL						
		DEPATION GIVEN I		FOR WHICH OPERATION W	16 0505001					
B	2	PERAMON 200.	COMPINON	FOR WHICH OPERATION W	AS PERFORM	IED			21. AUTO	PSY? (Yes or No)
4	22A. EXTERNA	L CAUSE WAS		220 81 4 5 5 6 14 11 18 17		0.0	44.		1	yes
EDIC	UNDERLYING UTING CAUSE	OR CONTRIB-		22B. PLACE OF INJURY(e.g., home, larm, factory, street, affic	e bidg., etc.)	NJURY OCCUR?	(if in Boltimor	re Ctty, give exa	ct location)	
2	OF INJURY	onth) (Doy) (Year) (Hav		1	2F. HOW DID IN	JURY OCC	JR?		
	(APPROX.)				WHILE ORK					
	23.	that I held an	·	7	. 🖼					
			-		topsy	and that on the		_		
	resulted	from: Natural	causes 🔼	Accident Suici				ned manner	_	
	ACTUAL	1.	0711	1/1/		CHIEF MEDICAL		H		DATE SIGNED
	SIGNATURE		1/1/	M.C	•	STANT MEDICAL E		F		
Н	EXAMINER' NAME (Type		d N. Ko	ornblum,M.D.	ASSC	CIATE MEDICAL E	EXAMINER		2/21/	/71
	BURIAL CREMA			24C. NAME of CEMETERY	or CREMATO	RY / 24D.	LOCATION	(City, town	or caucity)	(State)
	AOVAL (Specify)	1 15/2	171	Debutus	kaa	RD 1	2.1	tus !	4101	(Sidie)
257	DATE REC'D BY	HEALTH DEPT	1250.00	AME OF REGISTRAR	Man	UNERAL DIRECTO	mrun			
201		DEPARTMENT LIEFT.				TOTAL DIDECT				
	MAD 4 W	WEST OF	0 2	2. REGISTRAR	230	ONERAL DIRECTO	JR P	, WA	DRESS	11-11
	VIAR 1 1	The Robert	2 3	See ALB.	7	1/ 1	dock	130	od n.	Controllar

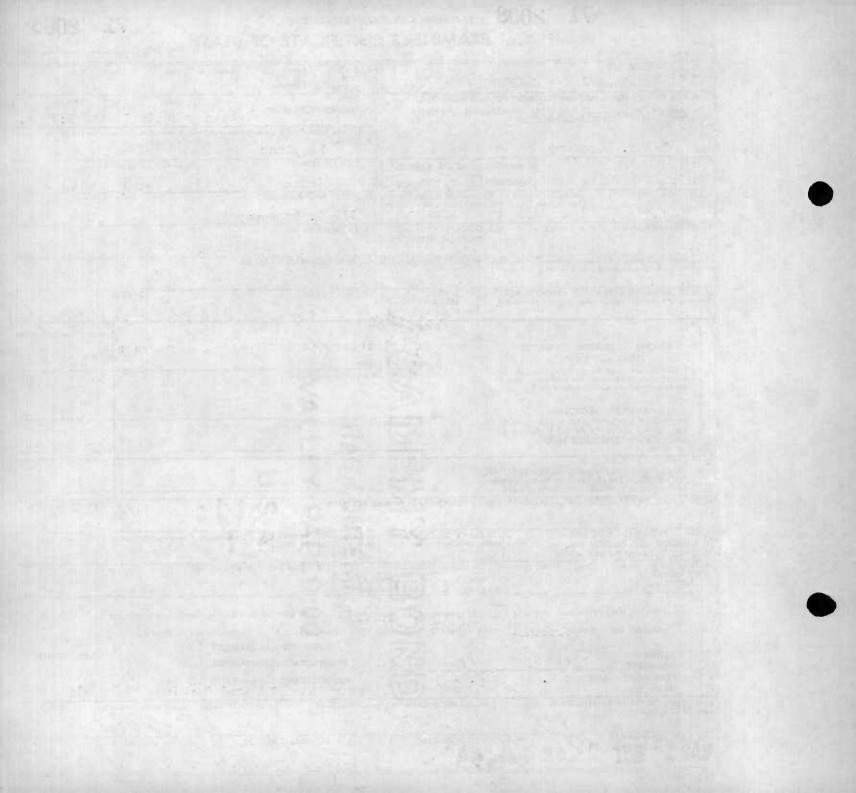
1 - 420 71 2006 BALTIMORE CITY HEA	/1 2006	
MEDICAL EXAMINER'S C	LERIIFICATE OF DEATH REG. NO.	_
1. NAME OF DECEASED	2. DATE Known Doy Yeor Hour	=
(Type or Print)	OF COUNTY	
George Lyles 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	-
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	2 26 71 8:18 p	M.
A A	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission A. STATE B. COUNTY	2
604 Bartlett Ave.	Maryland / 0 8	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
male colored WIDOWED DIVORCED	Baltimore YES NO	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
7/27/22 lost birthdoy) Months, Doys, Hours, Min.	604 Bartlett Ave.	
11, BIRTHPLACE (State or loreign country) 12, CITIZEN OF	13. FATHER'S NAME	_
WHAT COUNTRY?	Harris Tilan	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	DELOTICE ON THE	
done during most of working life, even il retired)	11 TT 2 WALL TO	
Jacon 1	Hame while	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	IB. INFORMANT	
YES 215-12-3530	Hatte Ryles 451 Scharts and	
18/1/ CAUSE OF DEAT	TH APPROXIMATE INTER	
DISEASE OR CONDITION DIRECTLY		
Arterios	sclerotic cardiovascular disease	
(This does not mean the mode of dying, e.g., OHETO OR A	AUSE AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
<u> </u>		_
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OF COLUMN (C)		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or N	(0)
0 9 9	yes	
√ 22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY(e.g.,		
UNDERLYING OR CONTRIB. UTING OLOUSE OF DEATH.	In or obout 22C. WHERE DID (II in Boltimore City, give exoct location) bidg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT NOT AT W	WHILE ORK	
23.		_
I certify that I held an Inquiry Inspection Aut	topsy 🛛 and that an this basis, deoth in my opinion	
resulted from: Natural couses Accident Suicid	le Homicide Undetermined monner	
111111111111111111111111111111111111111	CHIEF MEDICAL EXAMINER	
ACTUAL (COM) ~ 74)	ASSISTANT MEDICAL EXAMINER DATE SIGNED)
SIGNATURE M.D.		
EXAMINER'S NAME (Type) Werner U. Spitz, M.D. De	ASSOCIATE MEDICAL EXAMINER L eputy Chief Medical Examiner 2/27/71	
NAME (Type) Werner U. Spitz, M.D. De		
REMOVAL (Specify)	71-11	
Bureal 3/2/71 MT. Chiefs	won Dalto mo	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	_
MAK I BY CZC OF Zo C Ses	Joseph b. Kock V 12011 (Jak	1
VC 151 05V 2/2/40	() () () () () () () () () ()	11.11
VS 151-REV. 1/1/68		



K-	260	71 200	7.		HEALTH DEPARTMENT	REG. NO.	71 2007
	ME OF DECEASED	or W. Kais	er	CERTIFICA	TE OF DEATH	AND HOUR OF DEATH	1703
(Туре	or Prints Rales	er a	\vee	7/1chm 21/		27-71	7 300
3. PL/	ACE IN BALTIMORE, MA	ARYLAND, WHERE	PRONO	UNCED DEAD		here deceased lived, If in	stitution: rosidence before admission
II HOSPI	NAME OF (IF NOT	T IN HOSPITAL OF	R INSTITU	UTION, GIVE STREET	C, CITY OR TOWN		DE CITY LIMITS?
2	- 16 -	1/	. 1		Baltimo		YES NO
17	hd. Hen-	Alph	al.		E. STREET AND NUMBER	Curley &	7.
5. SEX	m Gau		ARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 80	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	SUAL OCCUPATION (Givuring most of working life, ev	e kind of work 108, I	IND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Laborer		rica	n Smelting Co.	Czechos	lovakia	U. S. A.
13. FA1	THER'S NAME	B. B. J. C.	2 2 0 0	ar Differ of the Co.	14 MOTHER'S MAIDEN N	IAME	00 00 Mg
	Karol Kais	ser			There	sa ?	
15. Wo	s Deceased Ever in U. S or unknown) (If yes, give	Armed Forces?	ervice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	***************************************	ADDRESS
No					Anna E. Jawors	354 222 Ta	Annual Hotoca
MEDICAL CERTIFICATION 10 20 20 20 20 20 20 20 20 20 20 20 20 20	DISEASE OR CONL LEADING IS his does not mean in ANTECEDEN ANTECEDEN ANTECEDEN ANTECEDEN ANTECEDEN ANTECEDEN ISEASE OR CONDITION ANTECEDENT WAS UNE CONTRIBUTING CAL ATH (notify medical exam INJURY PPROX.)	TO DEATH e mode of dying c. Il meons the d inch caused deoth IT CAUSES IONS, if ony, couse IA) stolin ON last, OTIONS CONTRIBLE ELATED TO THE TEN VEN IN PART 1 (A) 198. CONDITION WAS PERFORME DERLYING USE OF Inlined	giving g lhe JTING WINAL FOR W 218, homeled 218, while	(B) DUE TO, OR AS (C) VHICH OPERATION PLACE OF INJURY (e.g., in e., form, fociory, street, off injury Occurred le At The Not White	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No or obout 21C, WHERE DID ince bidg., INJURY OCCUR?	No) 208, IF YES, WERE F	SINDINGS CONSIDERED
			Worl	k 🗀 At Work			
	I certify that (1) (thi				2-9	19 7/ to 2	- 27 19//
	ot (1) (we) last saw th						ilan death accurred on the date
	d haur and fram the c	guses stated ab	ove. (I)	(We) (did) (did not) vi	ew the bady after death	1.	
-37	MAKA	een ho	m	Alter	ding Med.	Shaff	238, DATE SIGNED 2 -> 7 - 7/
230	PHYSICIAN'S NAME (Type)	10 UG /4	40,	DEGREE	3D. ADDRESS MD PER PER PER PER PER PER PER PE	V. HOSDII	
24A. BL	URIAL CREMATION, 248	B. DATE	24C.NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (City	y, town, or county) (State)
-	Burial 3	/2/71	Holy	Redeemer Cen	etem D.	altimore. Mary	
	ATE REC'D BY HEALTH		AME O	F REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
R1	Rober	BE, Jabe	AL.	8. 1. 13 13	George A. We	ber - 705 S.	Ann St. #21231
VS 150-	-REV. 1/1/68				and 1		11~1~21



1	7-65	2 71	20		BALTIMORE				OF 1	_			71	200	18
Bi	RTH NO.		MEDIC	AL EX	AMINE	K S C	EKIIF	CATE	Or I	JEAI	H REG	. NO			
1.	NAME OF DE	CEASED					2. DATE	Known		Month	Do	y	Year	Hour	
(iy	pe or Print)	SALVADORE	A CAR	RNAGGIO)		OF DEATH	Estimote	d 🗆						B.A
		LTIMORE, MARYL					3. DATE			Month	Doy	Y	Year	Hour	,,,,
HC	IL NAME OF SPITAL INSTITUTION	(IF NOT IN ADDRESS (HOSPITAL OR OR LOCATION	R INSTITUTIO	N, GIVE STREE	ī		OUNCED DEA	Fe	brua				2:39	/٧
1	1 /117	C Describ					A. STATE	RESIDENCE		eceased liv	B. COU		esidence b	etare admis	sion)
6.	SEX	S. Broads			1		C. CITY O	Marylan	nd		ID INICI	DE CITY	1111753	02	1
	Male	White	1		NEVER MAR						ט. וואסו				
	DATE OF BIRT		AGE (In yeo	DOWED _	ler I Yr, II Unde	RCED L		AND NUMB	ED			YES	1 1	40 📙	
	1/0/	los	t birthdoy)	Month	s Doys Hou	rs Min.									
11	BIRTHPLACE!	State or loreign co	64		IIZEN OE		II/	S. Broa	adway	7					
	2 /1 t	m/ []	, on it y		HAT COUNTR	RY2	13. FAIRE	SNAME		0				_	
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don	e during most of	IPATION (Give kind working life, even if	retired)	KIND OF BU	DOINGS OK	HADOSIKI	13. MOIN	EK S MAIDEN	NINAME	1	12	//			
1	WAS DECEAS	ED EVER IN U.S.	ARMEDEO	AX I	7 COCIAL	0.00	Sa	1/26/2	<u>></u>	For.	101	15			
(Ye	s, no or unknown	(Il yes, give wor	or dotes of se	rvice)	7. SOCIAL SECURITY	N6.	18. INFOR	MANU	1	0		ADD	RESS		-
-	19.				214-03-6		4 Xa	Mony	1.1	alile	age	210	475	Nepe	el
	4/6	1				OF DEAT		1//		-	//		BETWE	ROXIMATE IN	ND DEAT
		E OR CONDITIO						tic can	rdiov	ascu]	lar d	lisea	se		
	heart tollure	not meon the moc e, osthenio, etc. it m application which co	neons the dise	e.g., ose,		E TO, OR A		QUENCE OF:							~~~~~
NO	DISEASES OF THE	NTECEDENT CAU OR CONDITIONS E ABOVE CAUSE NG CONDITION	S, IF ANY, GIV	ING THE	(B)	E TO, OR A	S A CONSI	QUENCE OF:							
CERTIFICATION	OTHER SIGN	II RIFICANT CONDITI	IONS CONTR	RIBUTING											
崖	DISEASE OR	ATH BUT NOT REL	EN IN PART 1	(A).											****
8	20A. DATE O	F OPERATION 20	B. CONDITI	ON FOR W	HICH OPERA	TION WA	S PERFOR	MED				2	1. AUTOP	SY? (Yes a	r No)
ြိ	Z												У	es	
EDICA	UNDERLYING	NAL CAUSE WAS		228. PL home, I	ACE OF INJI	URY (e.g., i treet, office	n or obout bldg., etc.)	22C. WHERE	DID (II I	n Baltimor	e City, gi	ve exoct l			
ıΞ	22D. TIME	(Month) (Doy)	(Year) ((Hour) 22E	INJURY OC	CURRED		22F. HOW DI	ID INJU	RY OCCL	JR?				
	OF INJURY (APPROX.)			WH	ILE AT	NOTV	VHILE								
	23.			m. WO	ORK L	AT WO	ORK L								
	I cert	ify that I held	on Inqui	ry 🗌 📗	Inspection [Aute	psy 🛭	ond that	on this	basis,	deoth I	n my op	Inion		
	resul	ted from Notu	rol couses	A A SE	ident 🗆	Sulcide	- П	omicide 🔲	Un	determin	ned mon	ner 🗌			
		1000	A. 1	(. +			CHIEF MEDI	CAL EXA	MINER					
	ACTUAL SIGNAT		INVU	17/	1	M.D.	ASS	STANT MEDI	CAL EXA	MINER				DATE SIGN	ED
	EXAMIN NAME (1	er's Werne	r U. Sp	pitz,M	.D.)			Chi of				201	2/20/	71	
24.	BURIAL CRE		DATE	124C	NAME of CE			Chief		CATION			2/28/ r county)		,
	MOVAL (Speci		14/71	11		The	CREMAN		16	2/	T	, lown, or	May!	(State	e <i>j</i>
25	A. DATE REC'D	BY HEALTH DEP	25	B. NAME O	F REGISTRA	R	25C.	FUNER AL DI	RECTOR	efs	0	ADDI	RESS		
N.	AR I	अग ०८७	JE 80	Ben A	A P		7	who I), W	1/2	-0-	377	P	HIPLE	
VS	151-REV. 1/1/61	3	7			10	1	al a	1	111				CH CHI	7



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

112 214 71 000	BALTIMORE CITY	HEALTH DEPARTMENT	71 2000
W-362 11 201	J9 CERTIFICA	TE OF DEATH REG. NO. 12. DATE AND HOUR OF DEA	VT 5002
1. NAME OF DECEASED (Type or Print) SARA ANDER 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRI	ONOUNCED DEAD		1971 7:30 A.
full name of Hospital or In Hospital or In Hospital or In Address or Location) 4101 Greenway	ISTITUTION, GIVE STREET		NSIDE CITY LIMITS? YES X NO
		4101 Greenway -	21218
5. SEX 6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
Female White WIDO	WED X DIVORCED	Nov. 30, 1890 lost birthdoy)	Months Days Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 B. KIN lone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
	ine Mfg. Co.	Philadelphia, Penna	usa usa
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Edward C. Brough		Mary Smith	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS Pa.
No		Mr. Alfred W. Brough-93	2 Urrh StPhila
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ving DUE TO, OR AS INC. (C) Atteres	IN CERTIFYING	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work		
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE.	on FeB 24	19 53 to fee 19 53 to fee 19 7/ and that in (my) (aur) iew the bady after death.	apinion death accurred an the da
Theodore Elberdon	OCONEC	nding Med. Staff Phys. 23D. ADDRESS	FeB. 26,1971
NAME (Type) Theodore E.	Woodward, M.D.	University Hospit	al- 2nd Floor.
REMOVAL (Specify) 248. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
Entombment Mar. 2, 171	Druid Ridge	Cemetery Baltimore	, Maryland
15 150-REV. 1/1/6B	Library MAD. D. D.	H Sander & Sons, In	

pots. . I see that the second The same of the sa all and the second seco The state of the s Laboration of the state of the

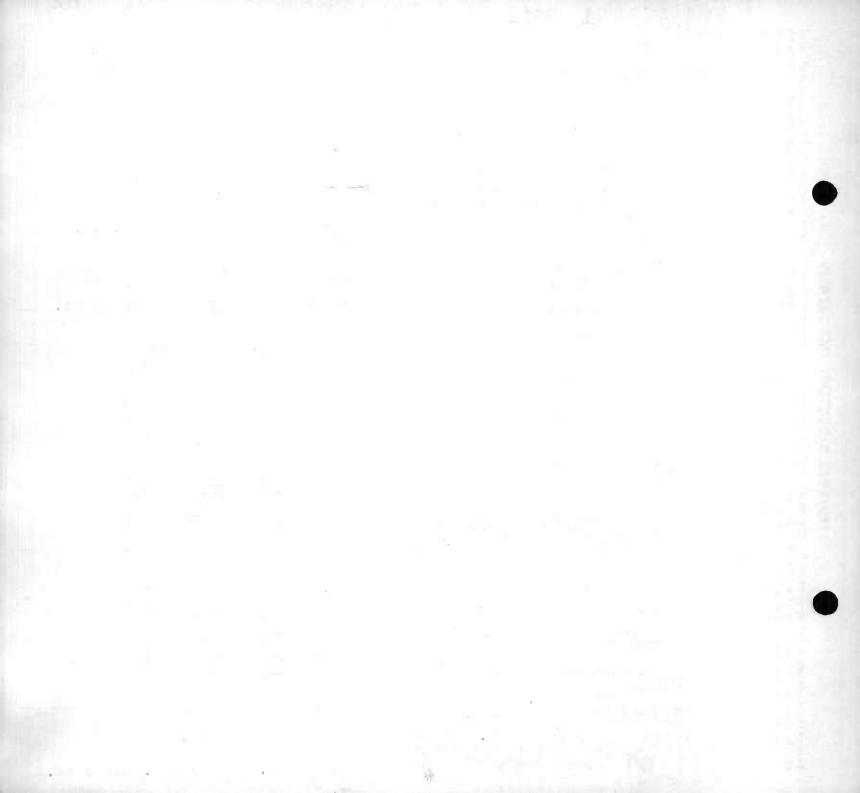
7	71 2010 BALTIMORE CITY HE.	
100	-663 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG, NO.71 2010
	in No.	
(Тур	ame of deceased ELIAS HYDE EHRHART) or Print) / CEORCE/ EHRHARDT	2. DATE Knawn Month Day Yeor Hour OF Estimated Month Man
	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
HOS	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PITAL ADDRESS OR LOCATION) NSTITUTION	PRONOUNCED DEAD February 24,1971 11:00 A.M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
21	877 N. Howard Street	A. STATE Maryland B. COUNTY ///
6. S	MARKIED LI NEVER MARRIED LI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	ale White WIDOWED DIVORCED X	Baltimore 21201 YES NO D
	ATE OF BIRTH 11.15.1.914 10.AGE (In yeors H Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.	877 N. Howard Street
11. B	SIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
	altimore Md. WHAT COUNTRY?	George Ehrhart
I 4A.I	USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY during most of working life, even lifetired)	15. MOTHER'S MAIDEN NAME
I.	ospital Attendant	Nettie Weedon
(Yes,	NAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. Yes 215-09-4834	Mrs. Regina N. Pons (daughter) 161 B. Pawhattan Beach. Glenburnie Md.
1	9. 44 / CAUSE OF DEAT	
	DISEASE OR CONDITION DIRECTLY Arteri	osclerotic cardiovascular disease
	LEADING TO DEATH (A)IMMEDIATE C	AUSE
	(This does not meen the mode of dying, e.g., heart follure, osthenio, etc. It means the disease, injury or complication which coused deoth.)	S A CONSEQUENCE OF:
	ANTECEDENT CAUSES (6)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
z	UNDERLYING CONDITION LAST. (C)	
암		
CERTIFICATION		etamorphosis of liver
2	OA. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or Na)
		yes
밁	INDERLYING LOR CONTRIB.	In or obout 22C, WHERE DID (If in Baltimore City, give exact location)
Σ 2	UTING CAUSE OF DEATH. (2D. TIME (Manih) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	OF INJURY APPROX.) m. WHILE AT NOT WORK AT WO	WHILE
		opsy 🗵 and that on this basis, death in my opinion
	resulted from: Notural couses X Accident Suicide	
	111111	CHIEF MEDICAL EXAMINER
	SIGNATURE SHEET WILL M.D.	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 2/24/71
24A.	BURIAL CREMATION, OVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
E	surial Mar.1.1971 Baltimore	Cemetery Baltimore Md.
25 A.	MAR 1 1971 Public E. Name of Registrar	HENRY SANDER & SONS. INCRESS Baltimore Md.
VS 15	51-REV. 1/1/68	7 9 0 0 9

The standard of the standard o ACCUPATION AND THE PROPERTY OF THE PARTY OF

BIRTIN NO. 1. NAME OF DECEASED 1. NAME OF BLANCHE NELL COAN 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD A. STATE A. COUNTY 1. NAME OF BLANCHE NELL COAN 3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD A. STATE A. COUNTY 1. NAME OF BLANCHE NELL COAN 3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD A. STATE A. COUNTY 1. NAME OF BLANCHE NELL COAN 3. STATE 4. STATE 4. STATE 5. SEE 5. SEE 5. SEE 6. RACE 7. MARRIED 7. MARRIED 7. MARRIED 7. MARRIED 7. MARRIED 8. DATE OF BURTH 8. SOUTH 8. STREET AND NUMBER 1. LONG BLANCHE NELL COAN 1. LA MOTHER'S MANDEN NAME 1. A. MOTHER'S MANDEN NAME 1. A. MOTHER'S MANDEN NAME 1. LA MOTHER'S MANDEN NAME 1.	TH NO.	ATE OF DEATH
Care	WHIT OF DECEMBED	
FULL NAME OF DEPOSITION OF MARYLAND HOSPITAL OR INSTITUTION, GIVE STREET MADRESS OR LOCATION WILLESTTY OF MARYLAND HOSPITAL S. SEX S. SEX S. RACE T. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 12. CITIZEN OF WHAT WIDOWED DIVORCED 13. FATHER'S NAME 14. MOTHER'S NAME 14. MOTHER'S NAME 15. Were Deceased Eve to U. S. Amped Fraces? Test, no of unknownall BIT year, give wor of close of serviced serviced with the control of the control o	PO OT PANIL BLANCHE NEIL COAN	2. DATE AND HOUR OF DEATH
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S. SEX G. RACE Z. MARRIED NO NOW		MARYLAND - 1802
E. STREET AND NUMBER CAUSE OF DEATH CAUSE OF BUSINESS OR INDUSTRY CAUSE OF BUSINESS OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF BUSINESS OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF BUSINESS OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF BUSINESS OR CONDITION OF CAUSE OF CAUSE OR CONDITION OF CAUSE OF CAUSE OF CAUSE OF CAUSE OR CONDITION OF CAUSE OF C		On I The work
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13. FATHER'S NAME 14. MOTHER'S MANDEN NAME 15. Wes Decessed Ever In U. S. Armed Forcest (fes.no or unknown) (I) yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 18. J	WIDOWED DIVORCED	5 9 9 9 Months; Doys Hours Min.
15. Wes Decessed Ever In U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not meen the mode of dying, e.g., heeft follure, osthenic, etc. Il meens the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION (A) THE CONDITION CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	17 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
15. Wes Decessed Ever In U. S. Armed Forces? 15. Yes, no or unknown] (It yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 18. J DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follow, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION ISS. (C) THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19. AATE OF OPERATION 20. AUTOPSY? (Yes or No) 20. CONTRIBUTING 21. PLACE OF INJURY (e.g., in or about) 21.C. WHERE DID 21. HOW DID INJURY OCCUR? 21. HOW DID INJURY OCCUR? While AI Work 21. HOW DID INJURY OCCUR? While AI Work ADDRESS AAPROMMATE INTEVAL SETWEEN ONSET AND DEATH 3. APPROXIMATE INTEVAL SETWEEN ONSET AND DEATH 3. ACCIDENT WAS UNDERLYING 10. CENTRITING CAUSES OF DEATH? 21. HOW DID INJURY OCCUR? 21. HOW DID INJURY OCCUR?	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CAUSE OF DEATH SECURITY NO. SE	Lee Grant Neil	
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DISEASES OR CONDITIONS, if ony, giving nise to the above couse (A) stoling the UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION NO CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH? 21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED While AI Work Work AI Work While AI Work Work Work Work Work Work Work Work		
inse to the abave couse (A) stoling the UNDERLYING CONDITION last. (C)	(1) - 2 12 2	BAAL VASULAR Acrident 1/2 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner) 21B. PLACE OF INJURY (e.g., in or about) 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner) 21D. TIME OF INJURY (APPROX.) 21E. INJURY OCCURRED While AI Not While AI Work While AI Not While AI Work AI Work 21F. HOW DID INJURY OCCUR?	nise to the above couse (A) stoling the	S A CONSEQUENCE OF:
OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) home, form, foctory, street, olfice bldg, INJURY OCCUR?	(-/	
OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) home, form, foctory, street, olfice bldg, INJURY OCCUR?	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) home, form, foctory, street, olfice bldg, INJURY OCCUR?	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
While Al Work Work Work While Al Work	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, siteet, of the place of the p	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
	OF INJURY (APPROX.) While At [] Not Whil	ile 📺
10 //		2/27,
that (1) (we) last saw the deceosed olive an 2/26 19 71 and that in (m) (our) apinian death occurred an the date		7 minutes
and hour and from the causes stated above. (f) (We) (did) (did not) view the body after death.	ond hour and from the causes stated obove. (f) (We) (dld) (did not) y	the first that the second of the following
23A, SIGNATURE 23B, DATE SIGNED 23B, DATE SIGNED	23A. SIGNATURE ALLOW D. AHOR	ending Med. Staff St
23C. PHYSICIAN'S NAME (Type) E. MAHAFFEY M.D. () Director L. Phys. L. D	23C. PHYSICIAN'S NAME (Type)	
24A. BURIAL CREMATION, 124B. DATE 124C. NAME al. CEMPTERY of CORMATORY	BURIAL CREMATION, 1248, DATE 124C, NAME 41 CEMPTERY OF CRI	EMATORY 24D. LOCATION / (City, town, or county) // (State)
REMOVAL (Speciful) (City, town, or county) // (Stole)		
REMOVAL (Specify). 3-2-11 Abutus emetery DA Amove 25A-DATE-REC'D BY MALTY DIPT. 22 NALE-OFF DISTAR 25G-FUNERAL DIRECTOR ADDRESS	Durial 3-2-11 Abutus	H S C C C C C C C C C C C C C C C C C C



1 115 71	2012	BALTIMORE CITY	HEALTH DEPARTMENT		1 SATE
BIRTH NO.	COTE	CERTIFICA	TE OF DEATH	REG. NO	
I, NAME OF DECEASED	MARCARET CO	DD IN	2. DATE A	ND HOUR OF DEATH	1. 1 11
	MARGARET CO		3	2/1	institution; residence before admission
FULL NAME OF (IF NOT II)	N HOSPITAL OR INSTITUTI		A. STATE B. COU MARYLAND	NTY	IMORE CITY 254
HOSMTAL OR ADDRESS	OR LOCATION)	or o	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
33THE JOHNS	HOPKINS HOS	SPITAL	BALTIMORE E. STREET AND NUMBER 2427 ANNOR	COURT	YES X NO
SEX 6. RACE	7. MARRIED	NEVER MARRIED	DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months Days Hours Min.
FEMALE NEGRO	WIDOWED	DIVORCED	9-21-42	last birthdoyl	Menths Days Hours Min.
A. USUAL OCCUPATION (Give I		USINESS OR INDUSTRY	1. BIRTHPLACE State of for		12. CITIZEN OF WHAT COUNTR
one during most of working life, even	# retired)		Maryland		U.S.A.
FATHER'S NAME			4. MOTHER'S MAIDEN NA	AME	1
WELTON B	BAILEY		FRANCES	FIELDS	
S. Was Decessed Ever in U. S. A. Ses, no or unknown) (If yes, give w		SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
and the state of t	an or ourse or single-	secount no.	Frances Mo	Knicht 241	12 Dorton Ct.
118. / 20 /		CAUSE OF DEATH		MILLENG 24.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA'
ANTECEDENT DISEASES OR CONDITION rise to the above car UNDERLYING CONDITION	NS, if any, giving use (A) stating the	(B) DUE TO, OR AS	CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV	ATED TO THE TERMINAL				
19A DATE OF OPERATION		IICH OPERATION	NO NO	NO CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH Inotify medical exami	E OF home.	ACE OF INJURY le.g., in form, factory, street, off	or about 21C. WHERE DID co bidg. INJURY OCCUR?	(If In Boltim	ore City, give exact location)
21D. TIME (Month) (De) OF INJURY (APPROX.)		At Work	21F. HOW DID IN	LIURY OCCUR?	
22. I certify that (I) (this	hospital) attended the		2/4		2/28 1971
that (1) (we) last saw the	deceased alive an 5	-An 2/28	19 7/ and	that in (my) (aur) a	pintan death accurred on the do
and hour and from the ca	uses stated above	(We) (did) (did not) vi	ew the body after death	•	
23A. SIGNATURE	1 - 1				23B. DATE SIGNED
Ker	hard 1 K	ates MD Phys.	ding Med. Director	Staff Phys.	2/28/71
23C. PHYSICIAN'S NAME (Type)	ARD J. KATE	S	THE JOHNS I	HOPKINS HO	OSPITAL
44. BURIAL CREMATION, 248.		AE of CEMETERY OF CRE			City, town, or county) (State)
Burial 3		Auburn	B	altimore,	Maryland
MAR 1 PATE REC'D BY HEALTH E		GIGTRAR	25C. FUNERAL DIRECTO	PR	ADDRESS
VS 150-REV. 1/1/68	7 7	- 0-n-	Onarios A	Rice 66	L W. Barre St.



<		ORE CITY	HEALTH DEPARTMENT	71	2013
		IFICA	TE OF DEATH	REG. NO	70040
	NAME OF DECEASED ypo or Print) Otis Stewart		2, DATE AND H		112115A
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where dec		AA
III H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S' OSPITAL OR ADDRESS OR LOCATION)	TREET	Mary land	Baltin	ins. 1606
15	. 11		Baltimore	D. INSIDE CIT	
P	duniversity Hospital		E. STREET AND NUMBER	^	
=	SEX 6. RACE 7. MARRIED		SUSO Harler	n Hue	21217
	M N WIDOWED DIVO	RCED	126/94 lost 1	*/ (1	nder 1 Yr. II Under 24 Hrs. hs: Days Hours Min.
10 do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR ne during mast of working life, even if retired)	INDUSTRY	11. BIRTHPLA CE (Stote or foreign co	ountry) 12. C	TITIZEN OF WHAT COUNTRY
L			Marylond		us.A-
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
L	George S kward			1-	71
15. (Ye	Was Deceased Everyin U. S. Armed Farces? 16. SOCIAL SECURITY	NO.	17. INFORMANT	-	ADDRESS A Cing
	ges wwt 215-07-	15420	sviola si	Organ 2	720 Harlen
	10010	OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cels	celle Sept	cconne	CA A
	Illing does not meen the made of dving, e.g.	DIATE CAU	SE A CONSEQUENCE OF:	comed	1 aug 5
	heori failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	//)		1
	ANTECEDENT CAUSES	Le	Bullafire	Remener	
	DISEASES OR CONDITIONS, if any, giving DUE-	O, OR AS	A CONSEQUENCE OF:		
	rise to the abave cause IA) stoling the ABO UNDERLYING CONDITION last.	nuss	ine Cashoutest	wol Block	
_	11 0	cluce	40 11		
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	ulan	tell to true les	Com. O. A	<u>1</u> /
P	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	ON	20A. AUTOPSY? (Yes or No.) 208	The second	
CERTIFIC	WAS PERFORMED			IF YES, WERE FINDING CAUSES O	F DEATH?
AL CE	21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJUDENCE OF CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJUDENCE O	URY (e.g., in street, alli	or about 21 C. WHERE DID	(If In Boltimore City,	give exoct location)
EDIC.		22.52			
ME	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCU OF INJURY (APPROX.) While At	Not While	21F. HOW DID INJURY	OCCUR?	
	Work L	At Work			
	22. I certify that (1) (this hospital) attended the deceased from that (1) (we last saw the deceased alive an arms.	ram <u>E-</u>	21		
				(our aplnian de	eath accurred on the date
	and have and from the causes stated above. (1) (We) (did) (d	ld not) vi	ew the bady after death.		
	M C. Allen de Me	Atten	ding Med. Staff	238, 0	ATE SIGNED
el	23C. PHYSICIAN'S	GREE Phys.	Med. Staff Phys.		ch 26,1971
	HAME (TYPE) AL FILL DATE IM	0	1700020001	el BO	6 40
24/	BURIAL CREMATION, 248. DATE 24C. NAME CEMETE	GEGREE RY OF CREA	MATORY 24D, LOCATI	ON LIGHT town	or squnty) /(State)
	June 3/3/71 Mi Bion		Tolar	ally	ma
15	DATE REC'D BY HEALTH DEPT 258 NAME OF REDISTRAR	100	25C. FURSERAL DIRECTOR	2.6	ADDRESS S
	MAR 1 1971 Paber E. Marbey R. a.	0 0	1 granges	arcica 6	6 IN Barro
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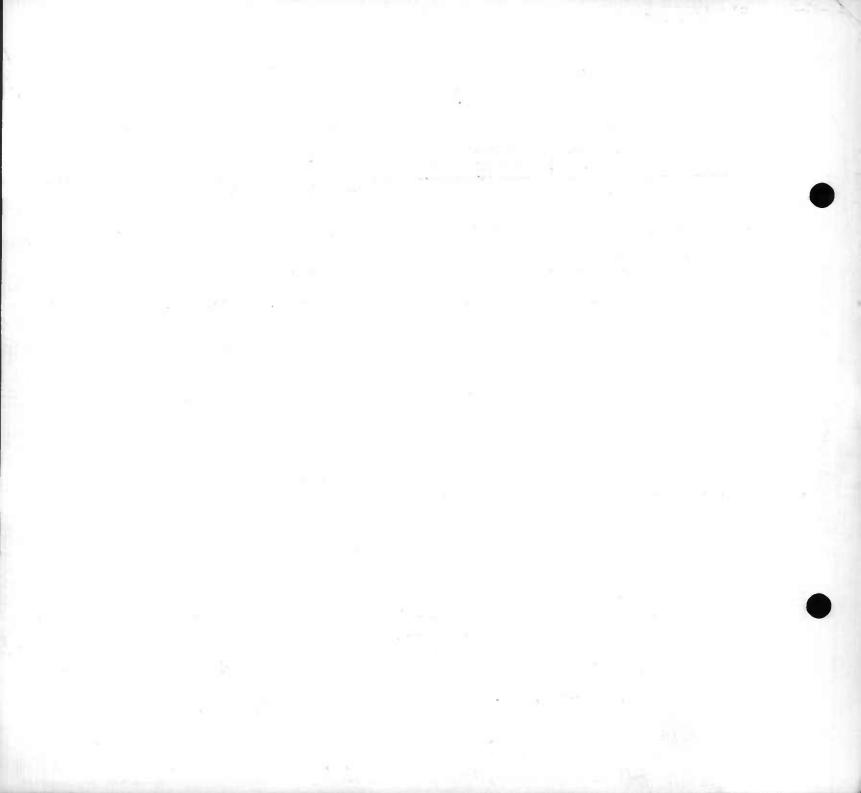


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ificate must be approved by the chief medical examination was released to the hospital by a medical examination accident of any nature; (2) Body buris; (3) A fraction at a hospital (except where the physician who kind rior to death); and (6) No physician was in regulable approval must be obtained before the remains are em	2
This cert the body shows: (was D.O decease written	2
15	1

	I inn 71 26	17 /	HEALTH DEPARTMENT	4 0.41			
11.	RTH NO.	CERTIFICA	TE OF DEATH REG. NO.	2014			
	NAME OF DECEASED ype of Print) Harry Fergus	on	2. DATE AND HOUR OF DEATH	6. 5			
3.	PLACE IN BALTIMORE MARYLAND, WHERE P		4. USUAL RESIDENCE (Where deceased lived, If institution	n: residence before admission			
-11 H	ULL NAME OF (IF NOT IN HOSPITAL OR I OSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	BACTITION MARYLAND 1800				
1			BACTMORE D. INSIDE CITY (IMITS? YES NO []				
	9/ Montabello	Hospital	E. STREET AND NUMBER 1072 W. FAIR MOUNT A	4			
5.	1// 1/	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 1 Manthel Days 1 House				
10.	A. USUAL OCCUPATION (Give kind of work 108, KIN		11 01011	CITIZEN OF WHAT COUNTRY?			
	ne during most of working life, even if retired) FATHER'S NAME		Washington, D.C.	US.A.			
	The state of the s		14. MOTHER'S MAIDEN NAME				
15.	Jack Fergu Was Deceased Ever in U. S. Armed Forces	S O Y	Hannah				
	Was Deceased Ever in U. S. Armed Forces s, no or unknown) (If yes, give war ar dates of sen		17. INFORMANT	ADDRESS			
H	18.	212-18-3932 CAUSE OF DEATH	Laura laniels 1072 W.	FaIRMOUNT AN			
	DISEASE OR CONDITION DIRECTLY	STORE OF BEATT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	LEADING TO DEATH (This does not mean the mode of dying,	(A)IMMEDIATE CAUS	SE CVA				
	heart failure, asthenia, etc. It means the disc injury or camplication which caused death.)						
	ANTECEDENT CAUSES		ASMID				
	DISEASES OR CONDITIONS, if any, gi	iving (B)	A CONSEQUENCE OF:	****************			
	rise Ia the above cause (A) staling UNDERLYING CONDITION last.	(c)					
~	11		^				
TIOIT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI	ING Old M	yourdial interestion				
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION 8 WAS PERFORMED	FOR WHICH OPERATION	20A-AUTOPSY2 (Yes or No.) 20R IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED			
CERT	None	210 01 02 02 02	7(0				
MEDICAL (21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofify medical examines)	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, allietc.)	or obout 21 C. WHERE DID (II In Boltimore City, ce bidg., INJURY OCCUR?	give exact location)			
AEDI	21D-TIME (Month) (Doy) (Year) (Haur) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	(APPROX)	While At At Wark					
	22. I certify that (this hospital) attend	ed the deceased from	2 10 19 70 10 2	125 1971			
	that (1) (we) last saw the deceased alive		19and that in(my) (our) apinion de	eath accurred on the date			
	and hour and from the causes stated abov	re. (1) (We) (did) (did not) via					
Н	Mais A Doll	Attend		2/25/7/			
	23C. PHYSICIAN'S MARC A. GOLDISE		D ADDRESS / / // m//	2/65/11			
			Montebello State Hospite				
24A	BURIAL CREMATION, 248. DATE 24	C. NAME OF CENETERY OF CREA	1470RY 24D. LOCATION (City, town	or county) (Sinje)			
1	surral 3/2/7/	miceu	run Baltimore	· Mad a			
25A	MAR 1 1071 28 8	ME OF REGISTRAR	25C PUNERAL DIRECTOR	ADDRESS S			
VS	150-REV. 1/1/68		Charles a Kue	56 IW BARY			

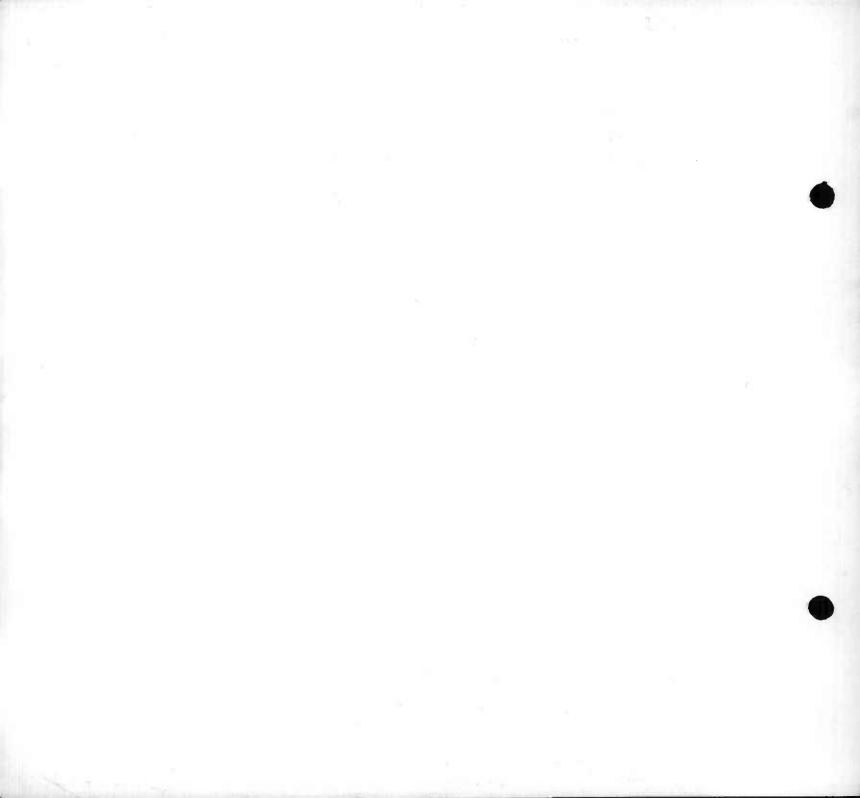


14.21	57 -	4 A		BALTIMORE	CITY HEAL	TH DEPARTME	NT		71	20	015	
BIRTH NO.		1 2	2015	CERTIFIC	CATE	OF DEAT	ГН	REG. NO		101		
Type or Print)		07				2. DA	ATE AND HOU	R OF DEAT	Н			
3. PLACE IN BA	Butenko,	Olena	TOP PROMOTING	010 0140	U4 115	IAI RECIDENCE	2-26-71				735	
	THE PARTY IN THE PARTY	AND, WIII	EKE PRONOUN	CED DEAD			COUNTY	sed lived. If	institution;	residenc	e before	odmissio
FULL NAME O HOSPITAL OR	JLL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI		Ma	Maryland								
INSTITUTION	ISITUTION			C. CIT	C. CITY OR TOWN D. INSIDE CITY LIMITS?						-	
3/	Baltimore City Hospitals				Baltimore YESKIX					NO 🗌		
	4940 Eastern Avenue				E. STR	E. STREET AND NUMBER						
	Baltimore, Maryland 21224					524 S. Belnord Avenue						
5. SEX	6. RACE		MARRIED WIDOWED	NEVER MARRIED DIVORCED		20 -97	9. AGE	(In years	II Und	Doys	II Und Hours	der 24 Hi Min,
10A, USUAL OC	CUPATION (Give ki	nd of work 10		SINESS OR INDU	STRY 11. BIR	THPLACE (State	ot loreign count	leve)	I CIT	TAEN OF	FWHAT	COLLNIX
done during most o Labo	r working tite, even i	I tellied)	Food P			Ukraine		iiy)				COUNT
3. FATHER'S NA	FATHER'S NAME				THER'S MAIDE				Ukraine			
Simon						Uknown						
Yes, no or unknow	d Ever in U. S. A	rmed Ferces or or dates a	7 1 6	SOCIAL SECURITY NO.	17. INF	17. INFORMANT 4940 Eastern Avenuess						
-	_		215	-30-1976	BC	H RECORD		timore			_	224
18.	0 91			CAUSE OF D		····			,		OXIMATE !	
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	LEADING TO DEATH				CAUCE)	USE Diabetes Welliters				44.44		
(This does	(This does not mean the made of dying, e.g., DUE TO, OR AS A					A CONSEQUENCE OF:				many years		
heart tailure, asthenia, etc. Il means the disease, injury ar complication which caused death.)										(10	
	ANTECEDENT CAUSES											
DISEASES	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:											
rise lo 1	Inso to the goode coose (A) signing the					EQUENCE OF:						
UNDERLYIN	G CONDITION	last.		(c)								
7	- 11											
OTHER SIGNI	FICANT CONDITION THE BUT NOT RELA	NS CONTR	RIBUTING	1 dringer to		etin -	ACCUE		- 1			
DISEASE OR	CONDITION GIVE	N IN PART 1	(A).							********		
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				20 A	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS C						
ON						NO IN CEKILLING CAUSES OF						
_ TOK CONTRIB	21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (il in Boltmore City, give exect location)											
21 D. TIME	(Month) (Day)	(Year) (H	loud 21 E INJ	URY OCCURRED		21 F. HOW DI	D INJURY OC	CURZ				
S OF INJURY	I (APPROX) I MAIN ALL INDITIONS						D MAJORT OC	CO K:				
	Work At Work											
	22. I certify that (1) (this hospital) attended the deceased from 12-11 1970 to 2-26 1971											
that (1) (we	that (1) (we) last saw the deceased alive an 2/26 19 7/ and that In (my) (507) apinian death accurred an the dal											
and hour an	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.											
23A. SIGNAT	23A. SIGNATURE 23B. DATE SIGNED											
do	den Alendi					Med.	Shoff N	n		/ -	1-	
23C. PHYSICI	23C. PHYSICIAN'S Phys. OFFICE Phys.					Director			2/	/ d- (17	
NAME (Henry H	errea	M.D.		23D. AD	VK 522	Baltimor					
1A BUB: 61 5 =	The state of the s			OEG	REE		4940 Ea Baltimo	re, Ma	ryland	212	224	
REMOVAL	MATION, 248. D	ATE	24C. NAME	of CEMETERY of	CREMATOR	2	4D. LOCATION	(0	Hypotown, o	r county	1	(Stote)
Burial		2/71	St. A	Indrew			Baltimo	are	Mon	ylar	n d	
	BY HEALTH DE	T. 258	NAME OF R		125C.				mar.	y Lai	DRESS	
MARI	1071 00		Called 20	100	M	F SADO	WSKI &	SONS	.1808	EAS	TER	N A
100		4. E. A.	ROBINAL M	4		U	()					
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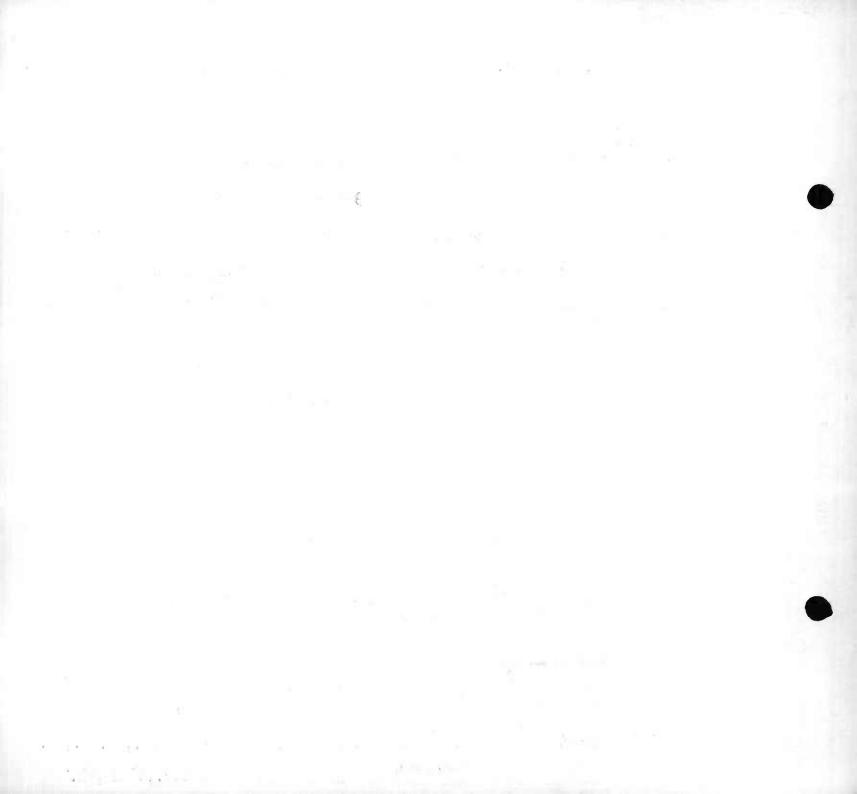
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DIRECTOR:

FUNERAL

No. " Menter of the second Tellare to last 10 1 mit 20 mi

B56	9 2019		BALTIMORE CITY	HEALTH DEPARTMENT		71 2019	
BIRTH NO.	7 2010		CERTIFICA	TE OF DEATH	REG. NO	17 5019	
TAME OF DE	CEASED		<i>P</i> .	2. DATE	AND HOUR OF DEATH		
	Benner, Lill	ian T.			uary 26, 197		A
. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONOU	NCED DEAD			nstitution: residence before o	dmission
FULL NAME OF	ADDRESS OR LOC	AL OR INSTITU	TION, GIVE STREET	Maryland E. Col	INTY	2.664	/
NSTUTUTION Baltimore	e City Hospit	als		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
	tern Avenue	alb.		Baltimore		YES 📉 NO	
/		21224		E. STREET AND NUMBER			
	e, Maryland	21224		9 North Kres	son Street	21224	
sex Female	White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday) 68	If Under 1 Yr. If Unde Months Doys Hours	r 24 Hrs Min.
DA. USUAL OCC	UPATION (Give kind of world			11. BIRTHPLACE Stote or fo	teion country)	Ita Civismi Os Wilder	
Housewif	e even it relifed)		t Home	Maryland	ieigh county)	U.S.A.	COUNTRY
FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	AME		
	Ernest S	chluter			T. 74 - 37		
. Was Deceased			6. SOCIAL	17. INFORMANT	Julia Naumar		
	Ever in U. S. Armed For Ill yes, give wor or dote	s of service)	SECURITY NO.			rn Aveanness	00:
No		_	219 -12- 7930	BCH: Redords	Baltimore,	Maryland 21	224
18.	2 XI		CAUSE OF DEATH			APPROXIMATE IN	TERVAL
nse to the	OR CONDITIONS, if a abave cause (A) GONDITION last, II CANT CONDITIONS COINT NOT RELATED TO THE	Stoling the	(c)	mi Nephols 7 A CONSEQUENCE OF: Newrest Afheren	: depunio		
DISEASE OR C	ONDITION GIVEN IN PART	T 1 (A)	***************************************			***********	
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	OPERATION 198 CON	DITION FOR WI	HICH OPERATION	20A. AUTOPSY? IYes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRIBU	IT WAS UNDERLYING DING CAUSE OF medical examined	21 B, P home, etc.)	LACE OF INJURY (e.g., in form, foctory, street, off	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimore	e City, give exoct locotion)	
21D. TIME OF INJURY	(Menth) (Doy) IYeor)		NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX.)		While	At Work				
22. I certify	that (1) (this hospital)			2-21	10 71, 2-	26	71
	last sow the decease		2/26/	711 KS An	hat in (my) (our) opin	alan death occurred on t	the date
ond hour and	from the couses state	ed above. (1)	(We) (did) (did nos) ut	ew the bady after death.	- industrial	poonied on i	dule
23A. SIGNATU	RE	/	() (ara) (ara rigi) VI	an ine pady affer death.		DOD DATE CONTE	
	PSerter	Lany	MD Atten	ding Med.	Sheff [238 DATE SIGNED	
23C PHYSICIA	APC	1	OEGREE Phys.	Director L	Staff Phys X	February 26,	1971
23C. PHYSICIA NAME (T)	pel P. SESHA	CHARY		Ballimore City		more, Maryland	212
A. BURIAL CREA	MATION, 248, DATE	24C, NAA	AE of CEMETERY OF CREA				(Slote)
Buria							
		050 11015	Oak Lawn Ce		5 Eastern B	lvd., Ba.Co., Me	d.
	MAR 1 1971	258 NAME OF	Marbey Kit	25C. FUNERAL DIRECTO	6224 Balto	Eastern ive. 21224 Md.	
150-REV. 1/1/6	8				2/0,200		



FUNERAL DIRECTOR: IMPORTANT

	6 1110	00		BALTIMORE CITY	HEALTH DEPAI	RTMENT		1012	
	414	11 2020		CERTIFICA	TE OF DI	EATH	REG. NO	71	2020
	NAME OF DEC	EASED				2. DATE AND HO	OUR OF DEATH		
(Ту	pe or Print)	1 Kolle				Feb. 2	6.1971,		943 AM
3.	PLATE IN BAL	TIMORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	B. COUNTY	eosed lived. If in	stitution; resid	dence before odmission)
FI	ILL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION. GIVE STREET	mary	land.			101
H	OSPITAL OR STITUTION	ADDRESS OR LOCA	ATION)	THOM, OFFE STREET	C. CITY OR TO	N	D. INSI	DE CITY LIMI	TS?
4	Marchi	4	im - 99	home.	Balte	more		YES P	NO 🗌
11	2003 8	Jarreson !	acod,		E STREET AND	NUMBER	od an	n 440	2/214
=	SEX	le nace	7		1120	Cecure	E (In years	If Under 1	
7	male	white	MARRIED [DIVORCED	July 26	1895 lost b	irthdoy)	Months Do	oys Hours Min.
		UPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	Th. BIRTHPLACE	(State or foreign co	untry)		OF WHAT COUNTRY?
	NON	NE			mar	yland		U,	B, A.
13.	FATHER'S NA	ME // 0/			14. MOTHER'S	MIDEN NAME	01	. ,	
	John	n Koll	-		R	ose	ciseun	eich	
15. (Ye	Deceosed	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		0.000	A	DDRESS
	noc		-	214-56-563	J. CATHER	INE A. SO	HULTZ		SAME
	1B. 24 /	0.91		CAUSE OF DEATH	1	. 1/	, 1		APPROXIMATE INTERVAL
	DISEAS	SE OR CONDITION DI	RECTLY	HOSSIVIAE C	Whilet	TOP Ites	M fa.	Puna	111
	(This does n	LEADING TO DEATH	dvina. e.a	(A) IMMEDIATE CAU			, John	we -	100
	heart failure,	asthenia, etc. It means	the disease,	DUE TO, OR AS A	CONSEQUENCE	alle	to As	7/10	
н	1 ' '	ANTECEDENT CAUSES	dodni./				Minto)	yeun
		OR CONDITIONS, if	anv. aivina	(B)OR AS	A CONSEQUENC	E OF:	0-0000	/	form
	rise to the	e above cause (A)						-	
E	ONDERLING	G CONDITION last.		(C)					
Z	OTHER SIGNIE	FICANT CONDITIONS CO	NTRIBUTING						
ATION	TO THE DEAT	TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL						***************************************
		OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No) 208	CERTIFYING CA	FINDINGS CO	ONSIDERED
ERTIFIC	0								
AL C	OR CONTRIBU	NT WAS UNDERLYING UTING CAUSE OF medical exominer		PLACE OF INJURY (e.g., in e, form, foctory, street, of			(If in Boltimor	e City, give e	exoct location)
DIC/	,	(Month) (Doy) (Year)		INJURY OCCURRED	215 116	OW DID INJURY	OCCUP?		
MEC	OF INJURY	(Teon)		le At Not While	e c	/ INJUKY	O C C O K:		1
	(APPROX.)		Woi	k L At Work	1 7/	V 11	,	1	1 1
	22. I certify	that (1) this haspital	Yattended th	ne deceased fram	5, 4,	1960)to	1	19 // .
		fast saw the decease		h/	6 19 7		(my (our) opi	nian death	accurred an the date
		Λ	ted above. (I	(We) (did) (did not) v	iew the bady a	fter deoth.		1	
	23A. SIGNATU	10 ml (1	Ana	nding M	ed. Staff		23B. DATE	SIGNED
	000 0 0000000	Charl &	am Je	DEGREE Phys	i. Di	irector Phys.	Ц	190	16/11
	23C. PHYSICIA NAME (T	ype)	8	1	23D. ADDRESS	10	. 1	01	0/0//
		Olyan 7	Daux	Kers/MDDEGREE	2300	Derres	m O	hed.	21216
24	A. BURIAL CRE	Specify)		AME of CEMETERY OF CRE	MATORY	24D. LOCAT		ty, town, or o	- 4
	BURIA		71. 5	ACRED HEA			GRMAN HI		,,,,
25	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C FUNERA	AL DIRECTOR	ler 901	S. CONK	CLPNE ST.
1			177	1000	delign	les spiger	Br.	LTCyo	1/124,MD.
VS	150-REV. 1/1/	OR							

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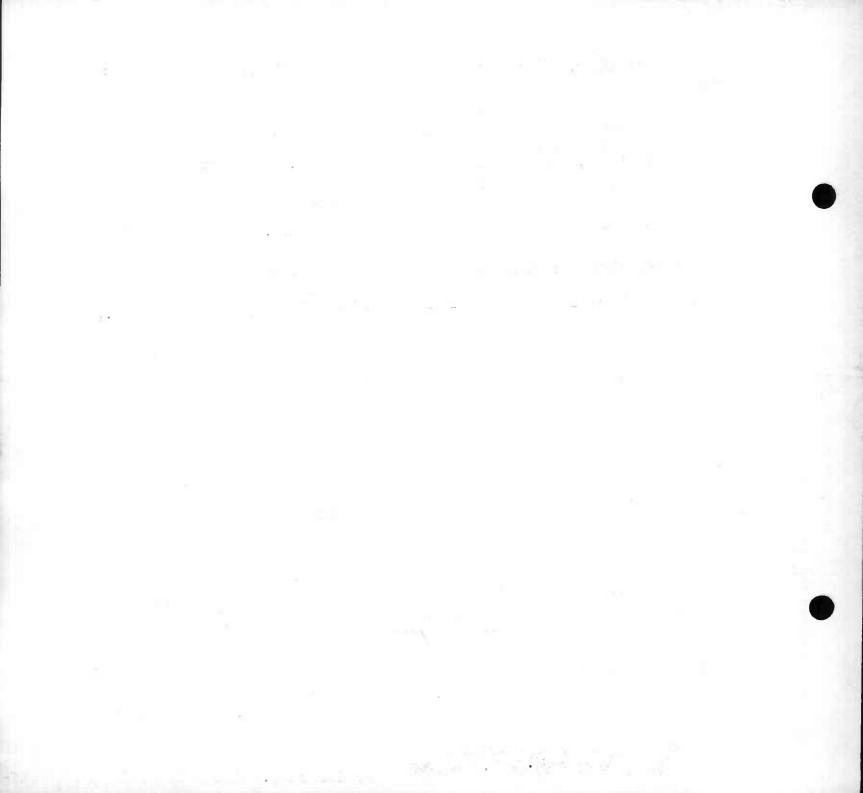
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V\$ 150-REV. 1/1/68

W 54	3 2021			HEALTH DEPARTMENT	PEG NO	71 2021
BIRTH NO. 1. NAME OF DEC		0	CERTIFICA	TE OF DEATH	AND HOUR/OF DEAT	
	MICHAGO	VHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (V A. STATE B. CO	12 4/7/ Where deceased lived. If	institution: residence before dimission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	THON, GIVE STREET	Maryland c.city or town		ISIDE CITY LIMITS?
31	BALTIMORE 4940 Easte	ern Avenu	ıe	Baltimore E. STREET AND NUMBER 6212 Copore	212	YES NO
Female	Baltimore, 6.RACE White		NEVER MARRIED	8. DATE OF BIRTH 10-1-90	9. AGE (In years lost bitthday)	II Under 1 Yr. II Under 24 Hr. Months Days Hours Min.
OA. USUAL OCCU	PATION (Give kind of wor vorking life, even if retired)			11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF WHAT COUNTR
Ret:	ired	Hou	se Work	Maryland 14 MOTHER'S MAIDEN!	AME	USA
5 Was Decement	John Ever in U. S. Armed For	F. Deck			y R. Probst.	
Yes, no or unknown)	(II yes, give war or date	es of service)	SECURITY NO. NONE	BCH RECORDS:		tern Avenues e, Md. 21224
of the DEATH DISEASE OR CO	R CONDITIONS, if above cause (A) CONDITION last, CANT CONDITION S CO I BUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 1198. CONDITION 11	NTRIBUTING HE TERMINAL IT 1 (A).	Less blies	ocy to poris	rup soll	E FINDINGS CONSIDERED
	WAS PER	FORMED		NO	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examines	21 B. home etc.)	PLACE OF INJURY (e.g., ir i, larm, loctory, street, of	or obout 21C. WHERE DID	(If In Boltime	ore City, give exact location)
21D. TIME OF INJURY (APPROX)	(Month) (Doy) (Year)	(Hour) 216. While		21f. HOW DID I	NJURY OCCUR?	
that (4) (we)	that (1) (this hospital last saw the decease from the causes sta	d alive an	2/24	2 32 19 7 / and ew the bady after deat	that H(mp) (aur) op	197/ Union death accurred on the dat
23A. SIGNATUI	MAA	221		nding Med.	Shoff Phys.	February 24, 1971
	duardo Mazzi	M.D. /		3D. ADDRESS Balt 1940 Balt	imore City H Lastern Ave imore, Maryl	ospitals nue and 21224
REMOVAL (S			ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, or county) (State)
Buria.		258. NAME O	Oak Lawn Come	tery 72		Blved., Ba. Co., Md.

Balto., 21224, Md.

VS 150-REV. 1/1/68



VS 150-REV, 1/1/6B

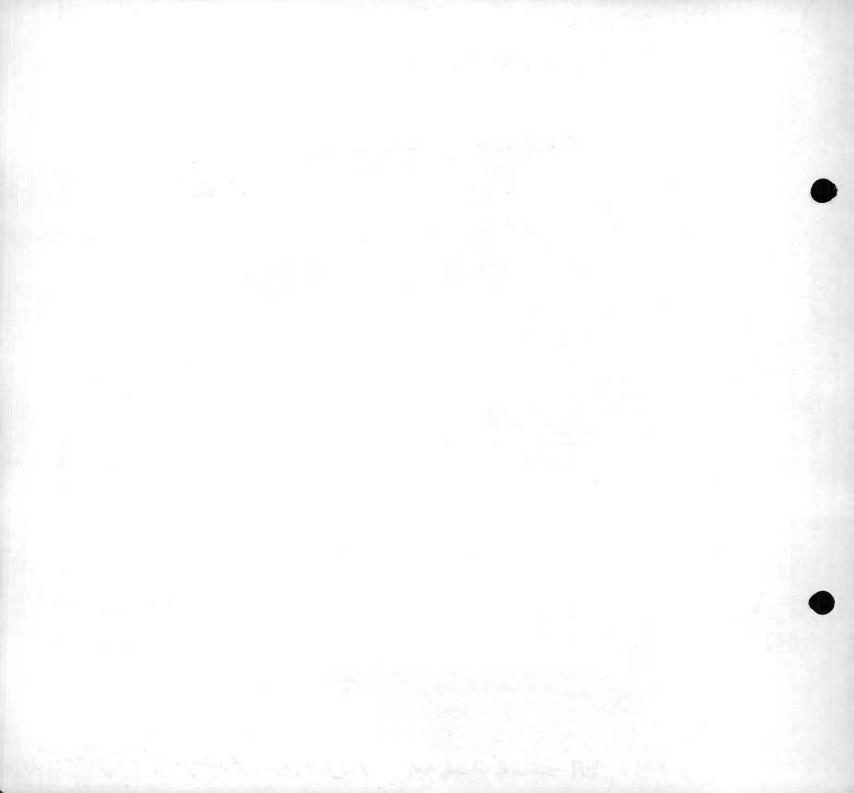
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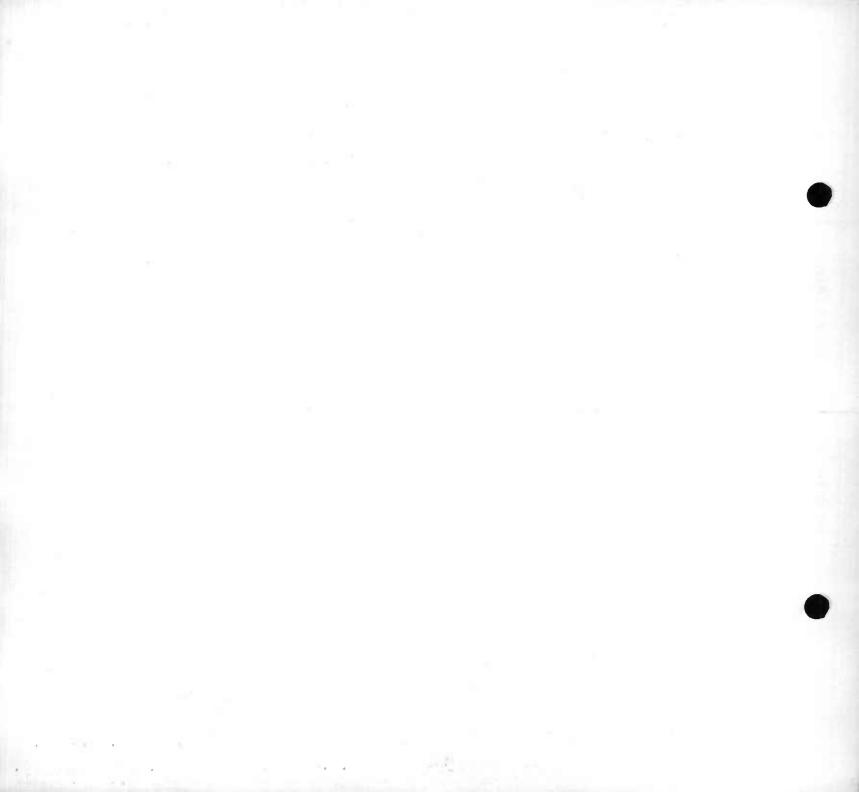
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		0-00	BALTIMORE CITY	HEALTH DEPARTMENT		74 0005
	BIR	71 2025	CERTIFICA	TE OF DEATH	REG. NO.	71 2025
	1, 6	PAME OF DECEASED	Triir	2 DATE AN	HOUR OF DEATH	35-7
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	27 197	M. (slitution: rosidence before admission)
	FU HC IN	OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md. c. CITY OR TOWN 2/	2/0 D. INSIE	DE CITY LIMITS?
7		1) eserver		E. STREET AND NUMBER	E	YES NO
6		700 W 40lh &	士	7 WHITFIE	ELD Rd.	
is mad	5. 5	F White WIDO		2-1-85	AGE (In years bat birthdox)	Il Under 1 %. I) Under 24 Hrs. Months Doys Hours Min.
C	qqn	LUSUAL OCCUPATION (Give kind of work 10B, KIN	1/	1) '	n country)	12. CITIZEN OF WHAT COUNTRY?
positio	13.	FATHER'S NAME	un Home	14. MOTHER'S MAIDEN NAM	E	U.S. H.
SIB	15, 1	James Casses Was Deceased Ever in U. S. Armed Forces?	1 6 SOCIAL	Estelle m	artin	=
5	(Yes	s,no or unknown) (i) yes, give wor or doles of serv	SECURITY NO.	MI INFORMANT	n k	ADDRESS
		18. 4. 1. 2. 4.	CAUSE OF DEATH	vergue cro	uch, no	APPROXIMATE INTERVAL
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Waring (1	14	BETWEEN ONSET AND DEATH
		(This does not mean the made of dying,	e.g., (A) IMMEDIATE CAU	CONSEQUENCE OF:		
		injury or complication which coused death.) ANTECEDENT CAUSES	17	i selaneti	CVdo	in V
		DISEASES OR CONDITIONS, if any, gi	ving (B) DUE TO, OR AS	A CONSEQUENCE OF:	crac	wax feer
2		rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	(c)			
	z	OTHER CICALISTS AND CONTRACTOR OF CONTRACTOR				
	ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL	***************************************	**************************************	
	RTIFIC	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exomine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, office)	or about 21 C. WHERE DID	(I) In Boltimore	City, give exact location)
3	31	21D.TIME (Month) (Doy) (Year) (Houd) OF INJURY	21 E INJURY OCCURRED While At Not While	21F. HOW DID INJU	RY OCCUR?	
		(APPROX.)	Work At Work			
		22. I certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive	ed the deceased from	1 / dram /	62 to	Cb 27 19 1
		ond hour and from the causes stated above		aw the hady after death	In (my) (our) opini	on deoth accurred an the dote
		23A. SIGNATURE		on the budy diter death.]2	23 B. DATE SIGNED
		17 Colina	DEGREE Phys.	Director L PI	off pys.	7-1-7/
		23C. PHYSICIAN'S RKG	UNDRY	2 W Univers	to Ptwo	1 - 2/2/8
		KENTO VAL ISPECTIVI	C. NAME of CEMETERY OF CREA	AATORY 24D. LOC	ATION (Sily,	town, or county) (Stole)
			Druid Ridge	Pike	sville, B	alto.Co., Md.
		MAR 1 1971 WAR E	A WA	H.W. Jenkins	& Sons Co	ADDRESS
1	/5 1	150-REV. 1/1/68				



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VS 150-REV. 1/1/68

N III			BALTIMORE CIT	Y HEALTH DEPARTMEN	NT.	71	0000
BIRTH NO.	71	2026	CERTIFICA	TE OF DEAT	H REG. N		RUAD
I. NAME OF DEC		CUAU					
(Type or Print)	T.TT.T.TA	N NAYLOR		Z. DA	2-28-71	EATH	2:00A
3. PLACE IN BAL	TIMORE MARYLAND, W		ICED DEAD	4. USUAL RESIDENCE	(Where deceased live	d. If institution	residence before admission)
				A. SIAIE	COUNTY		100
FULL NAME OF HOSPITAL OR INSTITUTION	UF NOT IN HOSPIT	AL OR INSTITUT	ION, GIVE STREET	Maryland			1303
Mailtollon	Provident H	ospital,	Inc.	C. CITY OR TOWN Baltimore	D	. INSIDE CITY	-
39	1514 Divisi			E. STREET AND NUM	REP	YES	NO [
~/	Baltimore,	Maryland	21215	2541 Franc			
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	s If Un	der 1 Yr. , If Under 24 Hrs.
Female	Negro	WIDOWED X	_	2-6-23	(lost birthday)	47 Month	Doys Hours Min.
OA. USUAL OCCU	JPATION (Give kind of work			11. BIRTHPLACE (Stote of	of foreign country)		TIZEN OF WHAT COUNTRY
ique antiud wort of /	working life, even if refired) Education						U.S.A.
3. FATHER'S NAM				North Carol			U. U.A.
				14. MOTHER'S MAIDE	MAME		
Leroy	Perkins			Horton			
S. Wos Deceased les, no or unknown)	Ever in U. S. Armed For lif yes, give war or date		43-32-4954	17. INFORMANT Miss Willamae	Bell-daugh	ter 261	5 Francis St.
18. 41 0	4 X		CAUSE OF DEAT	H			APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DIR	ECTLY			1111	7710	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAL	ISE Congesto	of Heart	Yakı	0 2 8000
hearl failure,	of mean the mode of osthenia, etc. It means ptication which coused	the diseose.		A CONSEQUENCE OF:	Wedsonskadownania o Mada		1
A	NTECEDENT CAUSES		H (V R)		0 1-
DISEASES O	R CONDITIONS, if	iny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	1	***************************************	indelermin
rise to the	above cause (A) CONDITION last.	stating the	(c) Carde	ine arch	thruia		/ \
ITO THE DEATH	II CANT CONDITIONS CON I BUT NOT RELATED TO THE DIDITION GIVEN IN PART	E TERMINAL	Bilate	raf Rena	C Impao	rment	, (
19A.DATE OF		HW SOT NOITE	ICH OPERATION	20A. AUTOPSY? (Yes	or No. 208 IF YES, V	VERE FINDING	S CONSIDERED DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 B. PL.	ACE OF INJURY (e.g., in form, loctory, street, of	or about 21 C. WHERE Difice bldg., INJURY OCCU	ID (If In Bo	illimore City, gl	ve exact location)
2	(Month) (Dayl (Yearl		III ay a a a li a ca				
OF MAJORI	Looyi treon	(Hour) 21E IN	JURY OCCURRED Not White		MININY OCCUR?		
(APPROX) ~		Work	At Work			- h	29 71
22. I certify t	that (1) (this hospitol)	attended the	deceased from Jani	aary 30, 1971	19to	ebruary	
that (1) (we)	last sow the decease	alive an Fet	ruary 28,	_ /1	d that In(my) (our) opinion de	oth occurred on the date
				lew the bady after de	oth.		3000,100 0010
23A. SIGNATUI	RE DSD A	0	4.0	1 223/ 01101 001	******	23 B. DA	TE SIGNED
M	ebrly	Igue	M D Atte	nding Med.	Staff Phys.		L-71
23C. PHYSICIAN NAME (Ty	₹S pel			3D. ADDRESS			
		Sewell, N	M. D.	2600 Liberty	Heights Av	e. Balt	o.,Md. 21215
A. BURIAL CREM	ATION, 248, DATE		E of CEMETERY OF CRE	MATORY 1 24	D. LOCATION	(City town	An anni Dul

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5.532 11 2027	BALTIMORE CITY	HEALTH DEPARTMENT		71 2027
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 2000
1. NAME OF DECEASED		2. DATE AP	ND HOUR OF DEAT	*
LEKCY SMI	TH	2	126/71	1 1.254
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (WHE	re docooked lived. II	institution residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	md.	D. IN	SIDE CITY LIMITS?
Lutheran Hospital of	md.	BATO . E. STREET AND NUMBER	5. 114	YES NO NO
5. SEX 6. RACE 7. aa.a.		1621 Warwi		
male	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In yours lost birthdoy)	If Under 1 Tr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)		11. BIRTHPLACE (Stole or fore	ign couptry)	12. CITIZEN OF WHAT COUNTRY?
_	_	Rorth Caro	lena	454
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NA	ME)	Wan
15 Was Deceased Ever in U. S. Armed Forces?		Cara- C	Varley	
(Tex. no or unknown) (If yos, give war or dates of son		17. INFORMANT	1	ADDRESS
iges	23942-1100 CAUSE OF DEATH	Clera Crai	wford 16	23 Warrek H
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	6		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAUS	ECEREBRO -	VACCULAR	ACRIDENT
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	DUE TO, OR AS A	CONSEQUENCE OF:		ALS CLOEVY
injury at camplication which coused death.) ANTECEDENT CAUSES	777/	ERTENSION	•	
DISEASES OR CONDITIONS, if any, g	Ving (B)	CONSEQUENCE OF:		*************
rise to the above cause (A) stoling UNDERLYING CONDITION last.	The (C)	CONSEQUENCE OF:		
_ 11	(-/			************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL PART 1 (A)	NG			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	*************	***************************************		***************************************
WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPST? (Yos or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B PLACE OF INJURY (e.g., in home, form, foctory, street, official)	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimo	re City, give exect location)
Q 21D-TIME (Month) (Doy) (Year) (Houst	21E, INJURT OCCURRED	21F. HOW DID INJU	JRT OCCUR?	
(APPROX)	While At Not While At Work			
22. I certify that (I) (this hospital) attend	ed the deceased fram	2/14/	9 7/_ to2	2/26/ 197/
that (I) (we) last saw the deceased alive		19.7/and tha	• •	man death accurred on the date
and hour and from the causes stated abov	e. (I) (We) (did) (did not) vie	w the bady after death.		
23A, SIGNATURE	N. S. Attend	ling Med C		23 B. DATE SIGNED
23C.PHTSICIAN'S NAME (Jype)	DEGREE Phys.		Phys.	26/1
NAME (Type) S. BASU	25	V. Bes Que He	Spiral	8 16 loud
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CREM	ATORY 24D. LO	CATION (C)	ty, town, or countyl (Stotel
nemoval 1	Maretta Co	motern Kr	imant	Restaland:
25A. DATE REC'D BT HEALTH DEPT. 25B. NA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	00110004	- Court (worker
MAR 1 1971 Paber & Jan		23C. THREKAK DIRECTOR	/ /	ADDRESS

Kert Carolina Cara Warkey 239-43-1100 Hava Champberd Holis Warne A TO BE THE MAN OF A SECUL MINER PLANS THE STATE OF THE ST Charles -24 Shirt Hayard of the 18 HSV Marina Constay Fin and Roth and

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Poplir secondal Germann - July - Colon Ave. 17 London Ave.

51-50-05001

S-520 71 203		HEALTH DEPARTMENT	X REG. NO	71 2030
1. NAME OF DECEASED (Type or Print) TORY OG V 1	4 /	2. DATE A	ND HOUR OF DEATH	7.00
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Wh	era deceased lived. If is	nstitution: residence belare admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I	V	Maryland Balti	TV I I	5300
2 / Baltimore City H os		Dundalk	D. INS	YES NO Y
4940 Eastern Ave,		E. STREET AND NUMBER	07,000	000
	RIED NEVER MARRIED	8. DATE OF BIRTH	ve. 21222	OO5
Male White WIDO	WED X DIVORCED	11-4-80	9. AGE (In years las(birthdoy)	If Under 1 Ys. If Under 24 His. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (Stole or los	eign country)	12. CITIZEN OF WHAT COUNTRY
Machinist Bet	th. Steel Co.	Hungary		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Unknown		Unknown	N:	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (II yes, give war or dates of sen	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	NO Factors	ADDRESS
No	212 16 0418	BCH Records: Ba	40 Eastern	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	B /	1 01	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the distinjury or complication which caused death.)	e.g., DUE TO, OR AS A	SE TYAM NUGO,	. Mreine	ohile 10 day).
ANTECEDENT CAUSES		1/	15	2. 1)
DISEASES OR CONDITIONS, if ony, ginse to the above cause (A) stating UNDERLYING CONDITION tost.	ving (B) DUE TO, OR AS	A CONSEQUENCE OF:	12/ F162	UE S MONTES
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION WAS PERFORMED	VAL (/_/	I		
19A DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	Yes	208. IF TES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? YES
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURT (e.g., in home, form, foctory, street, off etc.)	or about 21 C. WHERE DID	(IC In Baltimor	• City, give exact location)
21D.TIME (Month) (Day) (Tean (Hous) (APPROX.)	21 & (NJURT OCCURRED While At Not While Work At Work	21F. HOW D(D INJ	URY OCCUR?	
22. I certify that (1) (this hospital) attend		121-120	1070 40 2/	20/ 10 7/
that (1) (we) last saw the deceased alive		19 3 / and th	at In(mw) (our) api	nlan death accurred an the date
and haur and fram the causes stated abov	e. (1) (We) (did) (did=net) vi		- interest from about	areni areniar di ine dale
23A. SIGNATURE	1			238. DATE-SIGNED
22C PHYSICIANS	DEGREE Phys.		Staff Phys.	2/23/71
23C-PHTSICIAN'S NAME (Type)		3D. ADDRESS 4940 Eas	stern/Ave. B	altimore, Md.
REINIO VAL ISPECITY	C. NAME of CEMETERY of CREATERY Oak Lawn Cemeter			y, town, or county) (State)
	AE OF REGISTRAR	25C. FLINERAL DIRECTOR		ADDRESS
MAR 1 1971 Robert & Jane 17/68		Bruzdzinski		

- 1 3 mm - 1 7 mm - 1 7 mm - 1 7 mm - 1

FUNERAL DIRECTOR: IMPORTANT

11 121	71	2031	BALTIMORE CITY	HEALTH DEPARTMENT		71	2031	
H-600	11	2003	CERTIFICA	TE OF DEATH	REG. NO		2002	
BIRTH NO.	CEASED			2. DATE A	ND HOUR OF DEATH	1		
Type or Print)	zella C. Ho	הא ביני			uary 26, 1			
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONOL	UNCED DEAD	14. USUAL RESIDENCE (Wh	ere deceased lived, If i		sidence before odi	missio
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland	NTY	-	1607	,
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. IN	SIDE CITY LI	MITS?	
A A				Baltimore		YES X	NO 🗌	
160	6 Rosedale	Street		E. STREET AND NUMBER				
					dale Stree	et		
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under Months		24 Hr Min.
emale	Negro	WIDOWED	DIVORCED	4-25-1909	61			
A. USUAL OCC	UPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12, CITIZ	EN OF WHAT CO	UNT
Domest	working life, even if retired)	Put	Family	Maryland			USA	
FATHER'S NA		1 4 6 .	ı amırı	14. MOTHER'S MAIDEN NA	ME		0011	
	lder Brown			Minnie To	olson			
es, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No				9 Mr. William	m Howard 1	606 F	Rosedale	St
18. / /	0 1 1		CAUSE OF DEATI				APPROXIMATE INT	ERVAL
DISEA	SE OR CONDITION DI	DECTI V				8	ETWEEN ONSET AN	DEA
DISEASES	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A)	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:				
	G CONDITION last.	studing the	(c)					
TO THE DEA	FICANT CONDITIONS CO ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PART F OPERATION 198. CON WAS PER	HE TERMINAL RT 1 (A). IDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N	lo) 208. IF YES, WERE	FINDINGS	CONSIDERED	
19A. DATE O	WAS FER	FORMED			III CERIII IIII C	AUSES OF E	ZEAIII:	
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21 B. hom etc.)	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of	n or obout 21C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Baltimo	ore City, give	exoct location)	
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
OF INJURY			ile At Not Whit	e 🗀				
(APPROX.)		Wo	rk L At Work		00			~
22. I certify	y that (I) (this haspita	l) attended t	he deceased fram	1-21	196 Tto 7	~	19_	()
that (I) (we) last saw the decease	ed alive an	2-15	19 7) and t	hat in (my) (our) ap	inian deat	h accurred an t	he d
and haur ar	nd from the causes sta	ted abave. (I	l) (Wat (did) (did nat) v	iew the bady after death.				
23A. SIGNAT			, (, , , , , , , , , , , , , , , , , ,			23B, DAT	E SIGNED	
1000	1 1	, IT		nding Med.	Staff	7-3	1-71	
23C. PHYSICI NAME (AN'S Type)	160	DEGREE Phys	23D. ADDRESS	Phys.	2	-1-11	
Wi	lliam H. Wa	tts	M. DOREE	515 N. Arl	ington Ave	enue		
AA. BURIAL CRI	EMATION, 248. DATE		AME of CEMETERY OF CRE			City, town, o	r county) (Stote)
Burial	3-3-19 D BY HEALTH_DEPT.		Auburn Ce	metery	Baltimore		Marylan	d
MAR 1	M Page 8	A Library	R 0 0	NUTTER TUN		3035		
150-REV. 1/1.	/6B							

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IMPORTANT

FUNERAL DIRECTOR:

./			BALTIMORE CITY	HEALTH	DEPARTMENT		PLA	
#-53	6 71	2032	CERTIFICA	TE O	DEATH	REG. NO	/1	2032
1. NAME OF DE	erly Matth	ew Her	ndricks			ary 27, 1	971	2 30 p M
	LTIMORE MARYLAND,			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before dumission) A. STATE B. COUNTY				
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOS	PITAL OR INS	STITUTION, GIVE STREET	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	Gwynns Fa	11s Pa	rkwav	Baltimore YES NO NO				
00	0			E. STREE	AND NUMBER	s Falls P	leure	
S. SEX	6. RACE	7- MARRI	ED NEVER MARRIED	B. DATE C	F BIRTH	9. AGE (In years	If Under 1 Months Do	Yr. If Under 24 Hrs.
Male	Negro	WIDOW	PED DIVORCED	5-19	-1921	ost birthdoy) 49	Wionins; Do	ys Hours /viin.
IOA, USUAL OC	CUPATION Give kind of w		OF BUSINESS OR INDUSTRY		LACE (Stole or forei		12. CITIZEN	OF WHAT COUNTRY?
Teache	ol working lile, even if retire L		lic School	Vi	rginia		U	SA
13. FATHER'S N.					IER'S MAIDEN NAN	ΛE		
William Hendricks				Ma	ble Matt	hews		
S. Wos Deceose Yes, no or unknow	ed Ever in U. S. Armed	Forces? otes of service	1 6. SOCIAL SECURITY NO.	17. INFOR	MANT		Rt.	1 Box 74
No			229-20-691	7 Rev	. Haywood	d Hendric		
18./	5,01	Alle.	CAUSE OF DEAT				1 4	APPROXIMATE INTERVAL
DISE	ASE OR CONDITION			1	1-			
(This does	LEADING TO DEAT		(A) IMMEDIATE CAL	JSE A	polos	no ev		
heort failure	nol mean the mode e, osthenio, etc. It med emplication which caus	ns the disec	- DOL 10, OK 75	A CONSEQ	Tires			
	ANTECEDENT CAUS	ES						
DISEASES	OR CONDITIONS, i	f ony, giv	ing DUE TO, OR AS	A CONSEC	UENCE OF:			
rise lo l	he obove cause (A							
	11							
O THER SIGN	IFICANT CONDITIONS							
A DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN F	PART 1 (A).	.40000000000000000000000000000000000000					
OTHER SIGN TO THE DE. DISEASE OR 19A. DATE O		ERFORMED	OR WHICH OPERATION	20 A. A	UTOPSY? (Yes or No.	IN CERTIFYING CA	FINDINGS CO	ONSIDERED ATH?
E 21A. ACCID	ENT WAS UNDERLYING		21B. PLACE OF INJURY (e.g., i	in or about	OLC. WHERE DID	/If in Rollins	ore City, give e	vost lo cotion)
. OR CONTRI	BUTING CAUSE OF		home, form, foctory, street, o etc.)			(ii iii boliiiii	no chy, give c	NOCE TO CONTON!
DEATH (not	(Month) (Doy) (Yes	or) (Hour)	21 E. INJURY OCCURRED		IF. HOW DID INJ	URY OCCUR?		
S OF INJURY			While At Not While Work At Work	le 🗌				
22. 1 certif	fy that (1) (this haspi	tal) attende	ed the deceased fram		1	9 ta		19
			in	19	and the	at in (my) (aur) ap	Inion death	accurred on the date
			e. (I) (We) (did) (did nat)					
23A. SIGNA			/ / / / / /	TOW THE C	day oner dealing		23B. DATE S	SIGNED
	Charles	0 4	Phy	ending		Staff Phys.		
23C. PHYSIC			DEGREE	23D. ADDR		,		
NAME		ional	M D	11	F Chase	Stroot		
24A. BURIAL CI	narles I. S		M. D BEGREE			Street COLOR	City, town, or c	county) (Stote)
REMOVAL	(Specily)						•	
Burial	3-4-1 D BY HEALTH DEPT.		Arbutus Memor		Vark B	altimore	Co.	Maryland
MAR I	1971 Pales	B. Jak	Sen Maria	0 0	0 3 1	RAL HOME	3035 W	NORTH AVE

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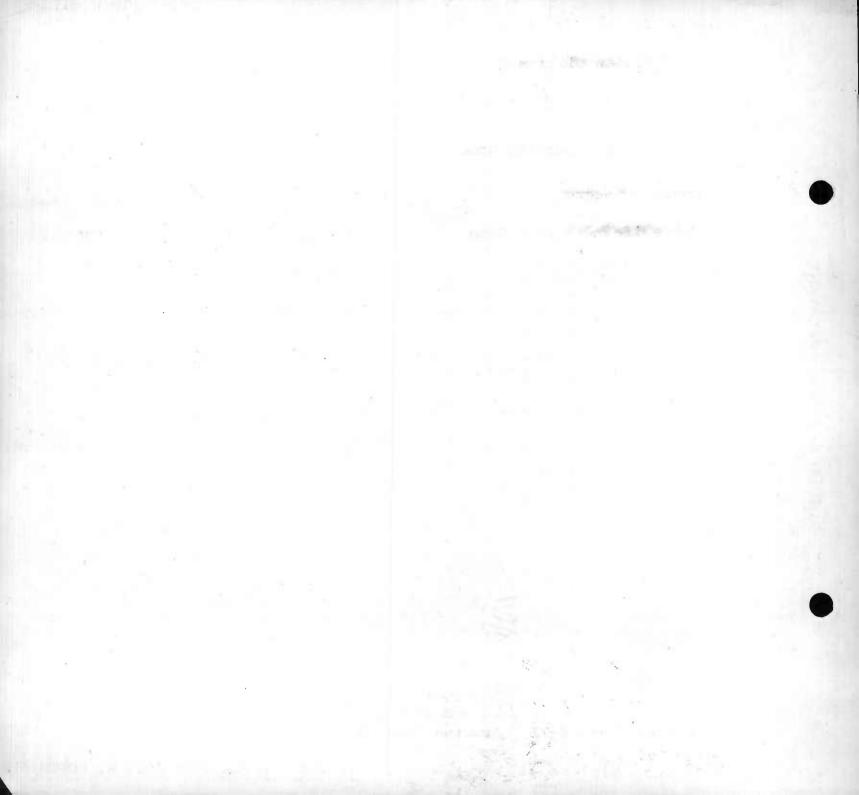
Charles I. Biand

VS 150-REV. 1/1/88

Such

74 0000	BALTIMORE CITY	HEALTH DEPARTMENT		71 2022
G-450 /1 2033	CERTIFICA	TE OF DEATH	REG. NO	12 2000
I.NAME OF DECEASED			HOUR OF DEATH	
(Type of		7 22	71 / 30	
Aileen Gilliam		2-2/-	11 0 PM	M.
3. PLACE THE BALTIMORE, MARTLANG, WHERE PRONOUN	CED DEAD	A. STATE B. COUNT	deceased lived. If inst	itution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	Moregland 1 c. CITY OR TOWN		E CITY LIMITS?
		Bolfimore		YES NO L
Bolton Hill Nursing Hom	0	E. STREET AND NUMBER	1	/ /
Dozeon Mili Natisting Home		3601 Even	25/04 01	reet
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female Negro WIDOWED	DIVORCED	2-7-30	4/6	
10 USUAL OCCUPATION (Give kind of work 108, KIND OF 8	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country!	12. CITIZEN OF WHAT COUNTRY?
/Housewife Home		Wa Pden SUIII	e West Ving	inc USA
m. 1.(1) (1 - 1)	D		
15. Was Deceased Ever in U. S. Armed Forces?	5. SOCIAL	17. INFORMANT	Thelma	ADDRESS
(Yes, no of unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT	7 1/	N. , /
NO		Lepanald (9	1/1/801-8	Ob Wildwood PRU
18. 2 7/01	CAUSE OF DEAT	Н	1111010	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND SEATH
LEADING TO DEATH			P. Lo.	2/1
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	Coro	y Clis
heart foilure, asthenia, etc. It means the disease,	50E 10, 0K A3	A CONSEQUENCE OF.		
injury or complication which coused death.)		710	4	-
ANTECEDENT CAUSES	(8)	sorry by	relleven	Mens
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR	A CONSEQUENCE OF:		
rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(0)			
GNDERLING CONDITION 1881.	(C)			
7				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL V DISEASE OR CONDITION GIVEN IN PART I (A).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****************	
19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
I O I 21 A. ACCIDENT WAS UNDERLYING I I 21 B. PL	ACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore	City, give exoct locotion)
DEATH (notify medical examiner) etc.)	form, foctory, street, o	office bldg., INJURY OCCUR?		
	LILIAN OCCUPATO	215 HOW DID IN	BY OCCUP?	
U OF INJURY	JURY OCCURRED	21F. HOW DID INJU	KT OCCUR:	
(APPROX.) While Work	At Work			
22. I certify that (I) (this hospital) attended the	deceased from	2/25 19	7/ 10	2/27 1971
that (1) (we) last saw the deceosed olive on	2/27			an death occurred on the dote
			r in (my) (our) opini	an dealli occorred on the dole
and hour and from the couses stoted above. (1)	We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	10			23B. DATE SIGNED
al May	DEGREE Phy	ys. Med. Director P	hys.	16/82/7
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		1
NAME (Type) A GAM IJ MIN CHT	- mn	20 Real	A P	rether, 102.
CAA PURIAL CREATION 242 DAYS	DEGREE		CATION	(Sec.)
24A. BURIAL CREMATION, REMOVAL (Specify)			·	town, or county) (Stote)
Burial 3-4-71 Arbu	itus Memor	ial Park Ba	ltimore (Co. Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME_OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS

DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR NUTTER FUNERAL HOME 3035 W. NORTH AVE



IMPORTANT

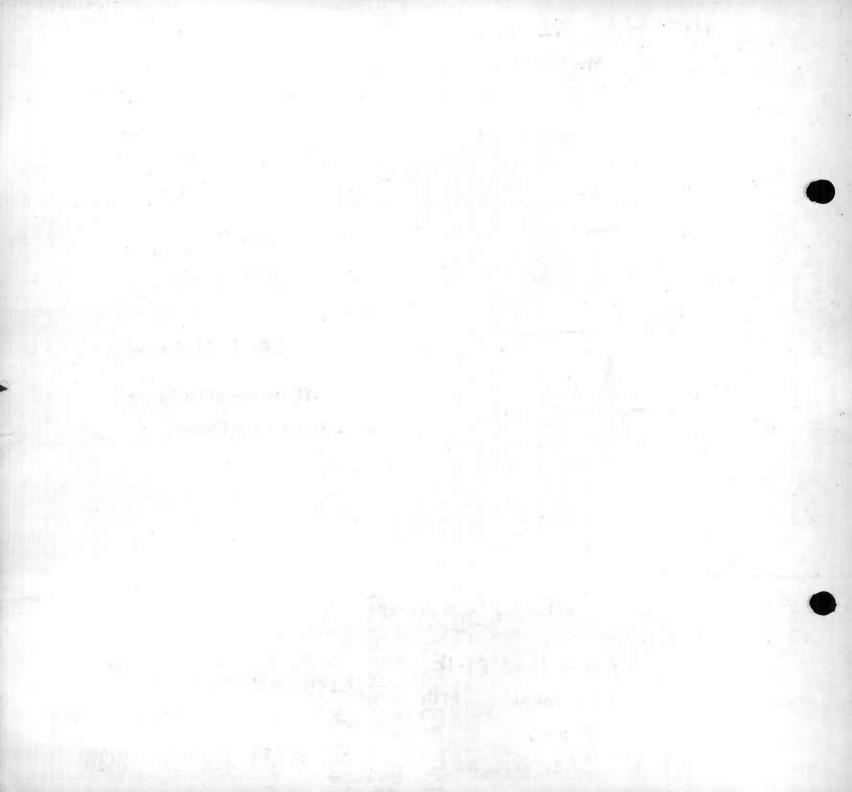
DIRECTOR:

FUNERAL

	2035 CERTIFICA	TE OF DEATH	REG. NO	
	CERTIFICA			71 2035
I. NAME OF DECEASED (Type or Print)	A TITTO		HOUR OF DEATH	
BLANCHE ALVERT		Fel	5.24,1971	nstitution: residence before admissio
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUNTY		2864
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
/// 4217 Conneticut Av	renije	Baltimore		YES 🔣 NO 🗌
4217 GOILLE DEGALD 1-1	01240	E. STREET AND NUMBER		The second second
		4217 Connet	ticut Ave,	21229
SEX 6. RACE 7. MAR	RIED X NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Female White WIDO	WED DIVORCED	July 23,1913	57	
OA. USUAL OCCUPATION (Give kind of work 108. KIN	D OF BUSINESS OR INDUSTRY		country)	12. CITIZEN OF WHAT COUNT
done during most of working life, even if retired) At Home	None	Monreland		
3. FATHER'S NAME	None	Maryland 14. MOTHER'S MAIDEN NAM	F	
Wildliew & Hollie		THE MOTITER'S MAIDER HAM		
William H. Grimes		Rose Ellen Sul	llivan	
William H. Grimes 5. Wos Deceosed Ever in U. S. Armed Forces? fes,no or unknown) (If yes, give wor or doles of sen	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	None	Charles M. Dorse	v.4217 Com	neticut Ave.
18.44 / 0.9	CAUSE OF DEAT		, , , , , , , , , , , ,	APPROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, g	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF:		
rise to the abave cause (A) stating UNDERLYING CONDITION last. 1	(c)			
UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c)	120A A A MADONA (W N)		
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c)	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c)	n or obout 21 C. WHERE DID		FINDINGS CONSIDERED LUSES OF DEATH? The City, give exect location
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UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION NAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Hour) COF INJURY (APPROX.) 22. I certify that (1) (this hospital) attended that (1) (we) lost sow the deceased alive	(C)	21F. HOW DID INJU	(If in Boltimo	Payly (
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UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION NAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Hour) COF INJURY (APPROX.) 22. I certify that (1) (this hospital) attended that (1) (we) lost sow the deceased alive	(c)	21F. HOW DID INJU	(If in Soltimo	fre City, give exoct location)
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UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (1) (this hospital) ottend that (1) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE	ING NAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.) 21E. INJURY OCCURRED White A1 Not While A1 Work ded the deceased from on 100 (did not) we. (1) (We) (did) (did not) we.	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 319 7 ond that	(If in Boltimo	re City, give exect location) 19 19 inlon death occurred on the d
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UNDERLYING CONDITION last, 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMIDISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 22. I certify that (1) (this hospital) ottend that (1) (we) lost sow the deceased alive and hour and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 14A. BURIAL CREMATION, 24B. DATE 24B. DATE 24B. BURIAL CREMATION, 24B. BURIAL CREMAT	ING NAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., interpretation) 21E. INJURY OCCURRED White At Not White At Work ded the deceased from on	21F. HOW DID INJU 35	(If in Soltimo	inlon death occurred on the d

1	5-530	C	HEALTH DEPARTMENT	REG. NO.	71 2036
	RTH NO. 71 2036	CERTIFICA	TE OF DEATH	KEG. 140	
	NAME OF DECEASED	144		D HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	MAL- DONOUNCED DEAD	4. USUAL RESIDENCE (When	a deceased lived If inst	371 5:00 PN
FI	ULL NAME OF (IF NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND	HOWA	1 - 1 - 1
41	ISIITUTION		C, CITY OR TOWN		E CITY LIMITS?
,	40 ST. AGNES HOSPIT	AL	ELLICOTT CI		YES NO T
5	SEX G. RACE IZ. 44 A DR		<u> 4449 CENTEN</u>		21043
F	FEMALE WHITE WIDOW		06 24 08	62	If Under 1 Yr. It Under 24 His. Manths Days Hours Min.
do:	A. USUAL OCCUPATION (Give kind of work 108, KIN I	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at forei	gn country!	12. CITIZEN OF WHAT COUNTRY
	HOUSEWIFF		KENTUCKY		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
	JAMES KKK LEDFORD		WILLIE MAE M	C CLURE	
15. (Y e	Was Decased Ever in U. S. Armed Farces? es,na or unknown) all yes, give wor or datas al servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	220-20-8258	WILKENS ST AGNES HOS	AVE BALTO PITAL RECO	MD. 21229 RDS CATON &
	18.398X	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH				1
	(This does not mean the made of dving	(A) IMMEDIATE CAU	SE Left OCCIDITA	1 Lobe	2 weeks
	heort failure, asthenio, etc. It means the dise injury or complication which caused death.)	ase,	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	Ple un	atic heart	Diseas	o UD Years
	DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF:	013642	4 10 0002
	rise to the above cause (A) stoting UNDERLYING CONDITION last	(c)			
	П	(//			
NOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG .			
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
ERTIFICATION	19A-DATE OF OPERATION 198, CONDITION F	OR WHICH OPERATION	YES	208, IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
CAL CI	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical axomine)	218 PLACE OF INJURY (e.g., in hame, form, factory, street, off etc.)	or obout 21 C. WHERE DID	(il in Baltimare (City, give exact lacation)
MEDI	21D-TIME (Manth) (Day) (Year) (Hour) OF INJURY	21 E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
2	(APPROX.)	While AI Work At Work			
	22. I certify that (1) (this hospital) attende	d the deceased from FE	BRUARY 05	9 71 to FEBR	UARY 21 19 71
	that XIX (we) last sow the deceased allve		1 19.71 ond the		in death accurred on the date
	and hous and fram the couses stated above	. (f) (We) (did) (did(not) vi	ew the body ofter death.		
	23A. SIGNATURE			2:	38 DATE SIGNED
	Margenes	DEGREE Phys.	ding Med. Director	Shaff Phys.	2 22 71
	23C. PAYSICIAN'S NAME (Type) C.A.D.L		3D. ADDRESS A GNES	HOSP WILKE	NS & CATON
24/	A. BURIAL CREMATION, 24B. DATE 1240	DEGREE		CATION (City	NS & CATON
	REMOVAL (Specify)	7 1		7 / //	town, or county! (Stote)
25/		AL OF REGISTRAR	25C. FUNERAL DIRECTOR	y lorsuille	
	MAR 1 1971 Page E 32		Hig who Tan	Clark 1	Ellic IT Coly
VS	150-REV, 1/1/88		They were here to	1000	111

00		BALTIMORE CITY	HEALTH DEPARTMENT	my.	1 0000
N - 600	71 2	037 CERTIFICA	TE OF DEATH	REG. NO.	2037
1. NAME OF DECEASED (Type or Print)	MOHR,	ANDREW	2. DATE AN 2/25	HOUR OF DEATH	/PM M
3. PLACE IN BALTIMORE, M			4. USUAL RESIDENCE (When	e deceased lived. If institut	ion: residence before odmission)
FULL NAME OF (IF NO HOSPITAL OR ADDITED TO STATE OF ADDITED TO STA	OT IN HOSPITAL OR IN	NSTITUTION, GIVE STREET	5 N EXEL	D. INSIDE C	Alcoholic Stete
	Camari-	ton Dospita	Balt.	YES	NO D
3 ne 9000	Saman	(Ch) Proprie	E. STREET AND NUMBER	eter St	302
5. SEX 6. RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (tn years If	Under 1 Yr. , If Under 24 Hrs.
M	₩IDO	WED DIVORCED	10/26/96	7440	nths Doys Hours Min.
toA, USUAL OCCUPATION (Good done during most of working life,		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) (CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME	
5. Was Deceased Ever in U. Yes, no or unknown) (If yes, gi		ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. // 5/	4	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
786X	NDITION DIRECTLY				BETWEEN ONSET AND DEATH
	TO DEATH	A ANNUEDIATE CAL	CARDIO. RESIDI	RATORY ARRES	T
(This does not meon			A CONSEQUENCE OF:	MILL TIREP	
heart loilure, asthenia,		eose,			
	NT CAUSES		CO AMA	VEGATIVE SERS	ac l
		(B)	A CONSEQUENCE OF:	ACGUINC 2513	
rise to the obove		The	PNEUMONIA + F	- LOYELAD	
UNDERLYING CONDIT	ION lost.	(c)	PNEUMONIA + F	-MFTCMM	
	11				
OTHER SIGNIFICANT COL					
■ DISEASE OR CONDITION	GIVEN IN PART 1 (A).	W B B B W G G G G G G G G G G G G G G G	100 A	1	
19A. DATE OF OPERATIO	N 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	NO RELATIVES	208. IF YES, WERE FIND IN CERTIFYING CAUSES	
OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS	AUSE OF	21B. PLACE OF INJURY (e.g., home, farm, factory, street, oetc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore Cit	y, give exact lacation)
21D. TIME (Month)	(Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Work Not Whi		19	
22. I certify that (I) (this hospital) attend	ded the deceased from		1971 10 2/25	7-1 19
that (1) (we) last saw	the deceased olive	on 2 25 71 2P	M 19 71 ond th	at in(my) (aur) apinian	death occurred on the dot
and hour and from the	couses stated aba	ve (1) (We) (did (did not)	view the body ofter deoth.		
23A. SIGNATURE	- [A A		23B	DATE SIGNED
K	on Rua	M. D. DEGREE Ath	ending Med. Director	Staff Phys.	2/25/71
23C. PHYSICIAN'S NAME (Type)	SARAL	MD	23 ANATOMY B	dard of ma	RYTAND
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE 24	AC. NAME of CEMETERY OF CR	MOUNTS HOPK	ANS" MEDICA	n, or Softi HOOL (Stote)
25A. DATE REC'D BY HEALT	H DEPT. 25B. NA	ME OF REGISTRAR	25 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7 870 270 00	RESS
MAR 1 1971	Robert E, Fail	Sen Mar ()	Why O'N	SERVICE.	BLU



NAME OF Type or Print)	DECEASED	MAMIE	PFAF	F	2. DATE Known C OF DEATH Estimoted	_	Doy	Yeor	Hour
ULL NAME OF	(IF NO		AL OR INS	TITUTION, GIVE STREET	3. DATE PRONOUNCED DEAD	Month 2	25	Yeor 1971	12:30 p
OR INSTITUTION	1	Memoria		spital	5. USUAL RESIDENCE (WA. STATE Md.	Where deceosed I	ived. If Instituti B. COUNTY		efore admission)
S. SEX	7. RACE			IED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE	CITY LIMITS?	
female	whi		WIDOV	VED DIVORCED	B KKOOXXX		E	YES 🛛	NO 🗆
29 Aug		10. AGE (li lost birthdo		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. i i t	E. STREET AND NUMBER	R WAXWAX XX	747 E	Exiter	Hall 9-0
	E(State or fore	ign country)		12. CITIZEN OF WHAT COUNTRY?	*U N K N O	ши	(Lynd)		
one during mos	of working life, e	ven if retired)	148. KIND	OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN	NAME			
	A Home			1 Bome	18. INFORMANT	шп		ADDRESS	
	wn) (If yes, give			SECURITY NO.	8. Charles F	Denee			land(esp
19.	000			CAUSE OF DEA		. Flait	-ATHOTO		PROXIMATE INTERVAL
(This doe heart foi	LEADING T s not meon the ure, osthenio, et	mode of dy	ing, e.g.,	(A)IMMEDIATE (DUE TO, OR	CAUSE Tracheobron	chitis w	ith ear	ly phe	umonia
(This doe heart foi injury or DISEAS)	LEADING T	O DEATH mode of dy the mode of dy the means the ich coused death CCAUSES TONS, IF ANY AUSE (A) STA TION LAST.	ing, e.g., disease, oth.)	(B) DUE TO, OR	Tracheobron AS A CONSEQUENCE OF: meningitis, across A CONSEQUENCE OF: ural hematoma			cly pher	ımonia
(This doe heart foi injury or DISEAS)	LEADING T s not meon the ure, osthenio, et complication wh ANTECEDENT ES OR CONDIT THE ABOVE CO	O DEATH mode of dy c, It means the ich coused dea CAUSES IONS, IF ANY AUSE (A) STA TION LAST. II ON DITIONS CO	ing, e.g., disease, oth.) , GIVING TING THE	(c) Subd	meningitis, ac			cly pher	umonia
OTHER S TO THE	LEADING T s not meon the ure, osthenio, et complication wh ANTECEDENT ES OR CONDIT THE ABOVE C, YING CONDIT EGNIFICANT CO DEATH BUT NO OR CONDITION	O DEATH mode of dy c, It means the ich coused de- I CAUSES IONS, IF ANA AUSE (A) STA TION LAST. II TRELATED TO IN RIVEN IN P. IN RIVEN IN P.	ing, e.g., e disease, oth.) (, GIVING TING THE ONTRIBUT THE TERMART 1 (A)	(c) Subd	meningitis, ac meningitis, ac as a consequence of: ural hematoma			21. AUTO	PSY? (Yes or No)
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OTHER STOTHER DISEASE TO THE DISEASE	LEADING T s not mean the ure, osthenia, extending the ANTECEDENT ES OR CONDIT THE ABOVE CA VING CONDIT GONETICANT CO DEATH BUT NO OR CONDITION OF OPERATIO FERNAL CAUSE NG OR CON CAUSE OF DE (Month) 7 ertify that I	O DEATH In mode of dy I, Il means the Ich coused de- I CAUSES IONS, IF ANY AUSE (A) STA TION LAST. II INDITIONS C IT RELATED TO IN GIVEN IN P. IN 208. COI E WAS NTRIB- ATH. Doy) (Yeo	ing, e.g., disease, oth.) (, GIVING TING THE ONTRIBU THE TERM ART 1 (A) NDITION (Hou	TING ING INAL FOR WHICH OPERATION W 228. PLACE OF INJURY (e.g., home, form, foctory, street, office home TO 22E. INJURY OCCURRED TO 22E. INJURY OCCURRED TO 22E. INJURY OCCURRED TO 21 INJURY OCCURRED TO 22 INJURY OCCURRED TO 22 INJURY OCCURRED TO 21 INJURY OCCURRED TO 22 INJURY OCCURRED TO 24 INJURY OCCURRED TO 25 INJURY OCCURRED	meningitis, accompanded as a consequence of: ural hematoma AS PERFORMED in or obout 22C. WHERE D in or obout 22C. WHERE D in or obout 22C. WHERE D 22F. HOW DID WHILE X PE11 don	DID (If in Boltimo	re City, give e Rd. UR?	21. AUTO y (exect locotion)	PSY? (Yes or No)
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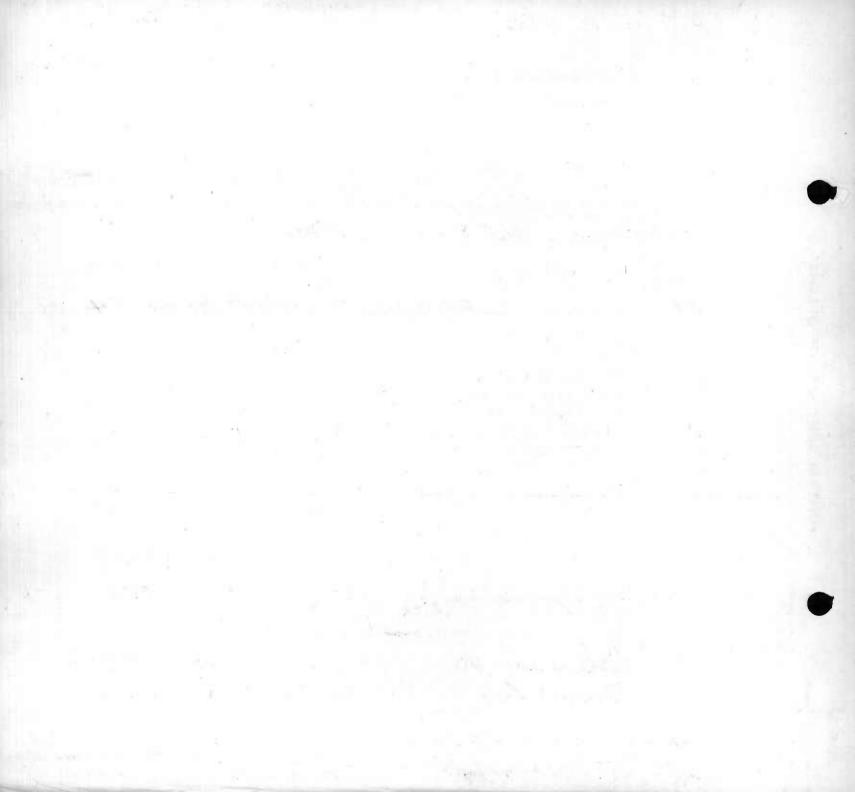
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DIRECTOR:

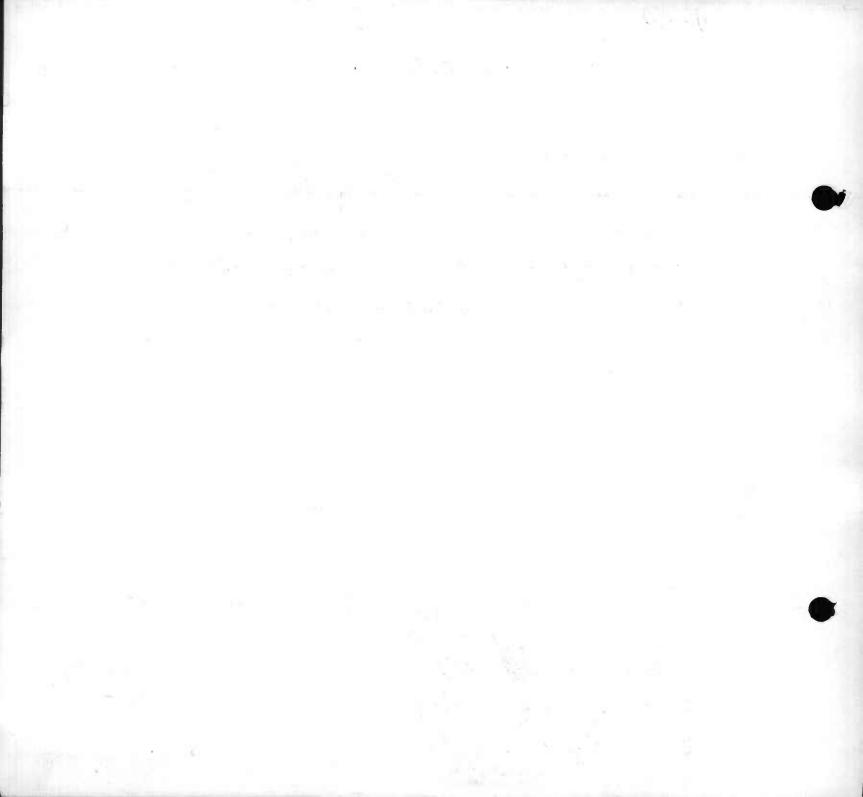
FUNERAL

VS 150-REV. 1/7/68

BALTIMORE CITY HEALTH DEPARTMENT



	1) (151)	BALTIMORE CITY	HEALTH DEPARTMENT	1/	mu on to
	71 2040	CERTIFICA	TE OF DEATH	REG. NO	/1_2040
	PAME OF DECEASED Pe or Print' CTANLEY 9. 1	NIEL AN	In. 2 DATE AN	D HOUR OF DEATH	1671 1030 2
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	INCED DEAD	4. USUAL RESIDENCE IWhe	e deceased lived. If inst	itution: residence before admission)
H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	MD. C. CITY OR TOWN	Salties	E CITY LIMITS?
Y	USPHS HOSPITAL		ELLICOTT	A	YES NO
	WYMAN PK DRIVE \$	315T ST.	4850 Bonn	IE VIEW	CT:
	M WIDOWED	DIVORCED	7 3 7 40	22	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work 108, KIND OF during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
L			MD.		U.S.A.
13.	FATHER'S NAME	0.0	14. MOTHER'S MAIDEN NA	ME	
_		SR.	RUTH	Water of the state	Peddle
(Ye	Wee Deceased Ever In U. S. Armed Forces? s,no of unknown) Uf yes, give wor of doles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	NO.	214 54 1124	t RECORDS	USPHS	HOSP. BALTO
	18.	CAUSE OF DEATH	100	A =0=	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH			ASTROCYTON	MA 18 mos.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease,	(A) IMMEDIATE CAUS DUE TO, OR AS A	SE CONSEQUENCE OF:	***************************************	
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, giving ise to the obove cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last	(c)			***********
7	11				
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FIN	NDINGS CONSIDERED
CERTIFIC	WAS PERFORMED		NO	IN CERTIFYING CAUS	SES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. I OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	PLACE OF INJURY (e.g., In Larm, factory, street, off	or obout 21C. WHERE DID	(If In Boltimore	City, give exoct locotion)
EDI	21D-TIME (Month) (Doy) (Year) (Houd 21E.)	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
8	(APPROX.) While	e At Not While			
	22. I certify that (I) (this hospital) attended the	e deceased from	12 28	969 to 2	127 19 71
	that (I) (we) lost saw the deceased alive on	2 27	19 61 ond the	ot in(my) (our) opinio	on death occurred on the date
	and hour and from the causes stated above. (1)	(Mex (qiq) (qid Bes) vi			
	23A. SIGNATURE			2	38. DATE SIGNED
	Mwin barentell	M) OEGREE Phys.	ding Med.	Staff Phys.	2 27 71
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	11.	0 - MA
	IRWIN LAREMBOK, SI	URG(R) DEGREE	USPHS	HOSP.	BALTO, IVID.
24/	REMOVAL (Specify) 248. DATE 24C.NA		MATORY 24D. LO	CATION (City,	town, or county)
L	Burial 3/3/71 (eda		eru Ba	Itimore. M	1.
25/	MAR 2 1971, Paber E. Jacker		135C. FUNERAL DIRECTOR		alto M. 21225
VS	150-REV. 1/1/68				



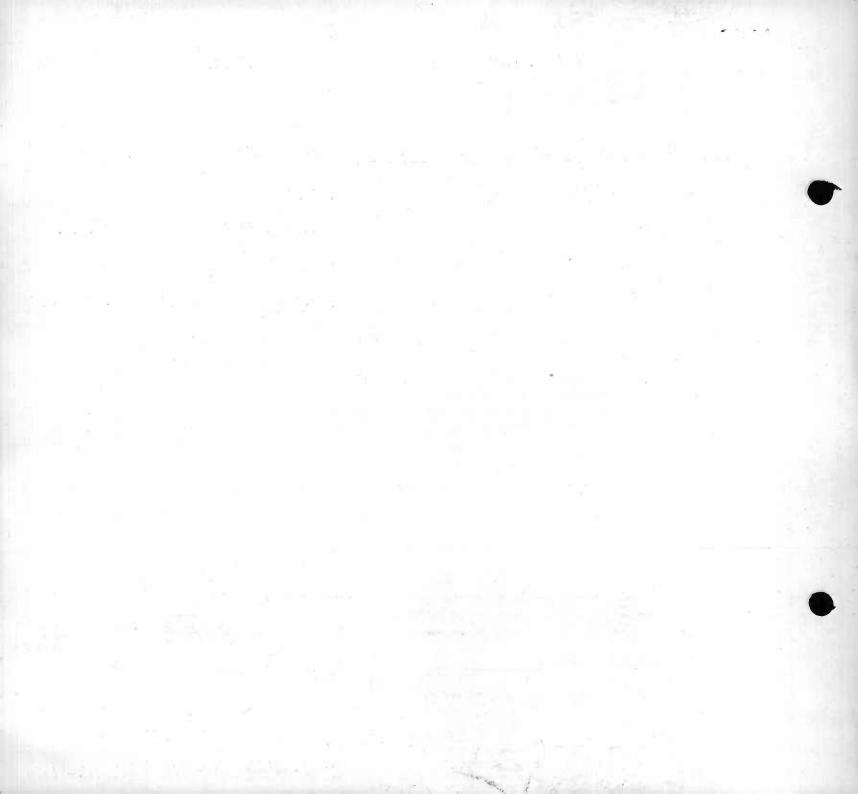
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

3

VS 150-REV. 1/1/6B

D. INSIDE CITY LIMITS? YES 7 NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours ! 12. CITIZEN OF WHAT COUNTRY? ADDRESS 601 Nontpelier SETWEEN ONSET AND DEATH (If in Boltimore City, give exoct location) epinion death occurred on the date Baltimore, M ryland Niller Inc-6415 Belain



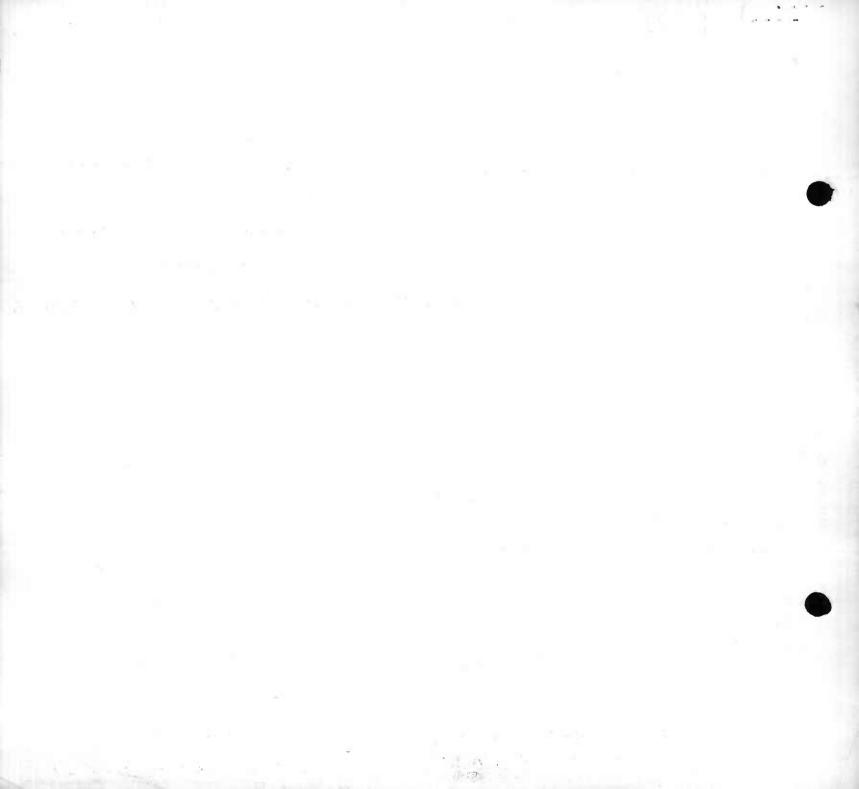
1) mad	4	- A63	BALTIMORE CITY	HEALTH DEPARTM	ENŢ	P(4 00 A)
BIRTH NO.	71 20	J42	CERTIFICA	TE OF DEA	TH REG. NO	71 2042
T. NAME OF DEC	CEASED AGNI	ES POS	SKO	2, D	ATE AND HOUR OF DEAT	H
100.00		Pasko	, no	1	Feb 25. 1971	111:20 A
3. PLACE IN BAL	LTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENC	E (Where deceased lived, If	institution: residence before admission
				A. STATE B.	COUNTY	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	ind.	Balt. Cul	<u> </u>
INSTITUTION		11 -0-	Tal	C. CITY OR TOWN		ISIDE CITY LIMITS?
THE UNI	LON MEMORZAL	L HOSP	IAL	Ballin	UCS 5.	YES NO NO
		,		E. STREET AND NU	MBEK	2-0/
F 0014				1634	Jonan 3	tisite
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	H Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
FEMALE	MHITE	WIDOWED [DIVORCED	12/4/0	3. 61	
	UPATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or loreign countryl	12. CITIZEN OF WHAT COUNTRY
Housew:	working life, even if retired)	01	wn	\-	4	
13. FATHER'S NA	145			Monda	THO.	H & D
· or Fwiner 3 NA	Me Andrew	Posk)	14 WOIHER'S WAND	EN NAME Juliann	na Piskor
ands	sus Post	.07		Julian	ma Piok	CD
15. Was Deceased	Ever in II. S. Anned For	cas?	1 6. SOCIAL	17. INFORMANT	1100 1001	ADDRESS
No	Ill yes, give war or date	s of servicel	SECURITY NO.		201 2 2 201	_
unknow	<u></u>	21			Nickel, 8041	Bank St.
18.	20		CAUSE OF DEAT	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY			R	1/ /
477.	LEADING TO DEATH		(A) IMMEDIATE CAU	SE acute	Julnimany (forten 1/2/1
heart failure.	not mean the mode of asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or can	nplication which coused	death.)				1/ .
	ANTECEDENT CAUSES		R:Octo	as l mario	m Calcin ama To H	stateling 2/ when
DISEASES	OR CONDITIONS, il	nav aiviaa	(B) DALLOO	A CONSEQUENCE OF	n Caramona c M	20000
rise to the	e above cause (A)			. 0 -1		11 21
UNDERLYING	G CONDITION lost		(c) Cerur	al mater	mais, pur	ve say
	11					
OTHER SIGNIF	ICANT CONDITIONS COL	NTRIBUTING				
	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR		*****************	***********************		
19A-DATE OF	OPERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Ye	S OF NO. 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED
El Febr 13.	1971 WAS PERF		saign rais		IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDE	NT WAS HINDERIVING	21B,	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE	DID (If In Boltim	on City, give exact lacation)
DEATH Inglify	TING CAUSE OF medical examined	home	lorm, foctory, street, of	ice bidg. INJURY OCC	CU R?	
O I		00				>
OF INJURY	(Month) (Doyl (Year)		INJURY OCCURRED		ID INJURY OCCUR?	
(APPROX)	2	Whil	e At Al Work	· 🗆		, ,
22. I certify	that (1) (this hospital) attended th	a deceased from	2 welles		2/25/7) 10
3	1.		730	1		105/// 19
	Tast saw the decease		1733	//		olnion death occurred on the dot
	d fram the causes stat	ed above. (1)	(We) (did not) v	lew the body after a	leath.	
23A. SIGNATU	NE O !	7111	1 1 1	1 2		23B, DATE SIGNED
\ \x	July H.	Nelta	UV-> Dhim	Med.	Stoff Phys.	2/25/200
23C. PHYSICIA	IN'S	34-01	DEGREE .	3D. ADDRESS	rnys, —	
NAME (T	ype)	4 4	- DIA	9412	Jack Durin	Phon Relievy
	JOHN	1. 110	BB DEGREE	0712	OCH KAVET	STON BIZED
REMOVAL	MATION, 248 DATE	24C. NA	ME of CEMETERY of CRE	MATORY	24D. LOCATION (C	City, town, or countyl (Stotel
Burial		45	Stanialan		Baltimore,	Manuland
25A. DAY DECTO			Stanislaus	25C. FUNERAL DI		Maryland
INFIN &	- Vace	of Arres	4 46 B	M. F. SADO		4000 EASTERNA
/S 150-REV. 1/1/	4.0	13.00		Hire Ele Ditino	MSKI & SONS,	1808 EASTERN AVI
V3 13U+KEV. 1/1/	0.8					



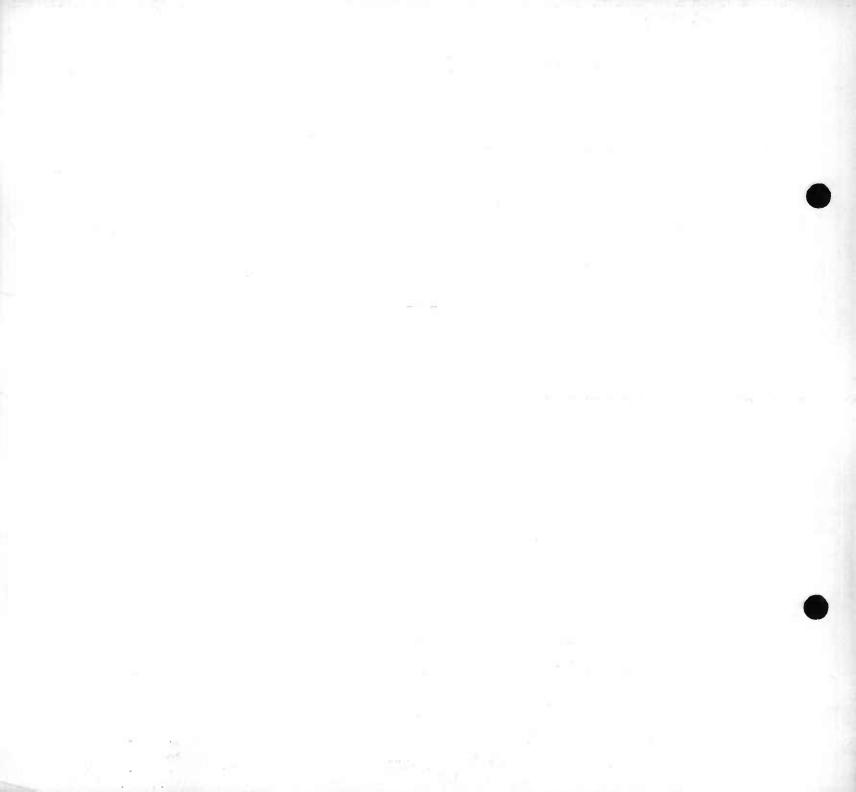
NAMEO	F DECEASED				2. DATE	Known 🗆	Month	Doy	Yeor	Hour
Type or Prin		WILLL	AM RAY	HALL	OF DEATH	Estimoted	Monni	Doy	1601	1001
ULL NAME (ONOUNCED DEAD	3. DATE PRONO	UNCED DEAD	Month	Doy	Yeor	Hour
OSPITAL R INSTITUTION	ÀDI	DRESS OR LOCA	TION)	UTION, GIVE STREET	- 1101141 8		2	25	1971	'5:50 p
	1723 St	. Paul	St.		A. STATE	d.		B. COUNTY	on, residence p	Je1010 001111331
SEX	7. RACE		8. MARRIE	D NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE	CITY LIMITS?	
male		ite	WIDOWE		E CIRET	Balto.		,	YES 🔀	ио 🗆
. DATE OF	10,1929	10. AGE (In lost birthdo	n yeors	# Under 1 Yr. If Under 24 Hrs. Aonths, Doys, Hours, Min.		723 St. P	aul St.		1-2-	-03
1. BIRTHPL	ACE (State or fo	reign country)	1	2. CITIZEN OF WHAT COUNTRY?	13. FATHER		RAYH	IALL		
	OCCUPATION (OF BUSINESS OR INDUSTRY	15. MOTHE					DITE.
	AINTRI			いれいい	Vi		M. M			
es, no or uni	CEASED EVER	ve wor or dotes	of service)	17. SOCIAL SECURITY NO.	18. INFOR			1	ADDRESS	\
y FLS	Ko	REA		CAUSE OF DEAT		ison Fun	Real Ho	mre c		PROXIMATE INTI
DICE	ANTECEDE	ITIONS, IF AN	Y, GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
RISE 1	TO THE ABOVE ERLYING CONI	CAUSE (A) STA DITION LAST.		(c)						
RISE 1	O THE ABOVE	CAUSE (A) STA DITION LAST. II CONDITIONS CONTROL TO THE CONTROL T	ONTRIBUTI	(c)						
RISE I UNDE OTHER TO THE DISE A	TO THE ABOVE ERLYING CONI R SIGNIFICANT (IE DEATH BUT N SE OR CONDITION	CAUSE (A) STA DITION LAST. II CONDITIONS CO	ONTRIBUTI THE TERMIN ART I (A).	(c)					21. AUTO	PSY? (Yes or
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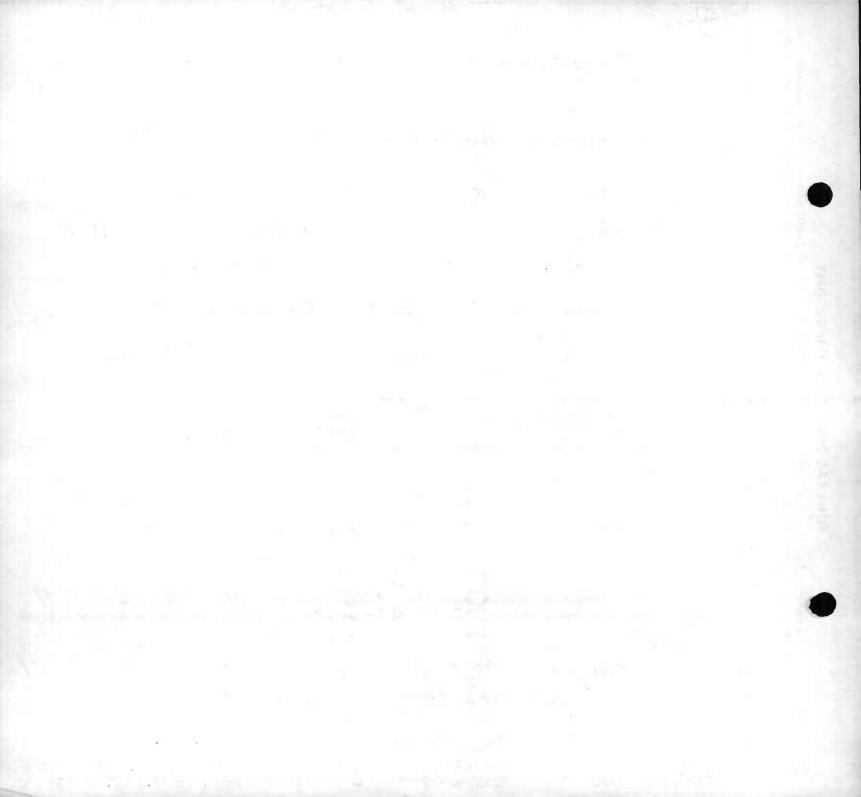
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Afterday Attending Phys. Attending Director Phys.	DATE SIGNED
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	2/25/7
FRANKLIN WEINSTEIN M.D. SINDI HOSPITAL	2/25/7
REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY OF CREMATORT 24D. LOCATION (City, town,	2/25/7
Burial 3-1-71 Oak Lawn Cemetery Baltimore, Mryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR John C. Millow I.) - Club C.	n, ar county)



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	Type or Printi	ichael	Bla	c Nowicz		DATE AND	HOUR OF DEATH	. 81	P
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	FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md.	12	to	7-00	2
	HOSPITAL OR	ADDRESS OR LOCA	L	1	C. CITY OR TOWN	Ua	D. INSI	DE CITY LIMITS?	1
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1:0	. Was Deceased Eves, no or unknown) (If	er in U. S. Armed Fore	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	s
	no			213-10-3529	Mrs. Hel	en Blac	chowicz, 60	9 N. Lake	wood Ave.
	18. 3 4 8	,01		CAUSE OF DEATH	1			APPROXI	MATE INTERVAL
		OR CONDITION DIR ADING TO DEATH	ECTLY	AMY	OTRUPHIC	LATE	PAL SCLE		DISET AND DEATH
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	injury or complic	henio, etc. It means calion which caused	the disease, death.)		CONTRACTOR OF	•			
	AN	TECEDENT CAUSES		(1)					
	DISEASES OR	CONDITIONS, II	iny, giving	DUE TO, OR AS	A CONSEQUENCE O	F:	*		
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1,	,	11							
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11.62	夏	WAS PERF	ORMED		Yes		CERTIFYING CAU	SES OF DEATH?	KED
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	NAME (Type)	WI E	1	-1-	D. ADDRESS	. 11 .	011	11	
24	A. BURIAL CREMAT	HON, 24B, DATE	24C.NA	ME OF CEMETERY OF CREA	Mondel	ello	stare	MOSP	
	REMOVAL (Spec	ify)				24D. LOCA		lown, or county)	(State)
25	burial A. DATE REC'D BY	2/27/7	SB. NAME O	St. Stanislaus	25C. FUNERAL D	RECTOR	Balto., M	d.	2.2
	MAR 2 1	71 Robert &	Jaysey	NO.	Schimune	k Funer	al Home, I	nc. 3331	Brehms
150	150-REV. 1/1/6B		-		00	1 4	Lane Re	Tto Md	27 27 2



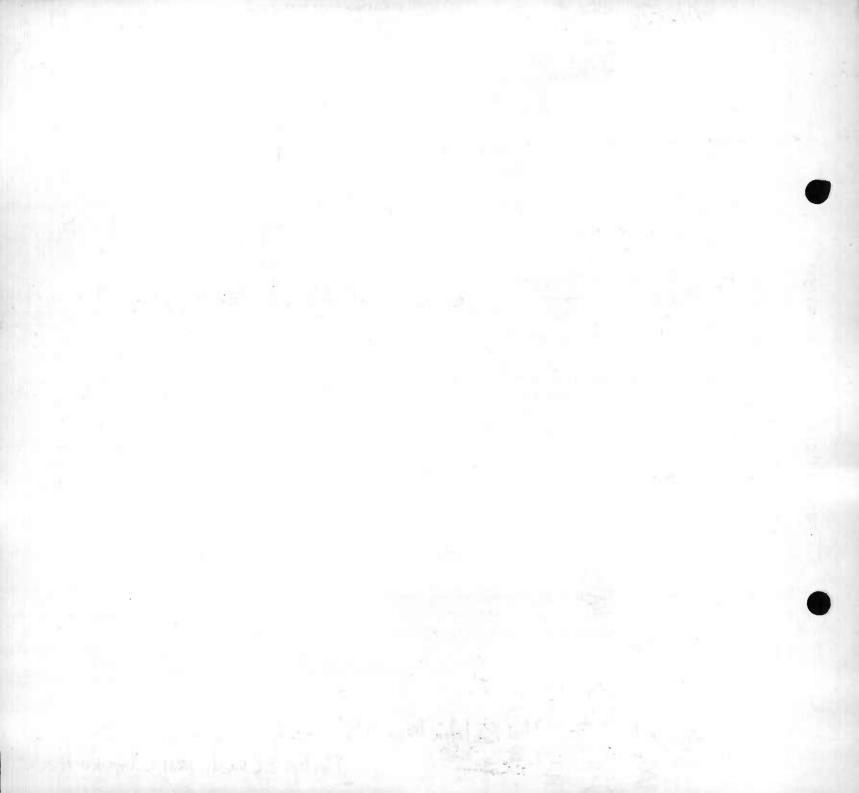
0	BALTIMORE CITY	HEALTH DEPARTMENT	71 2047
S-/60 71 2047	CERTIFICA	TE OF DEATH REG. NO.	72 2011
1. NAME OF DECEASED Type or Print Sieber, chr	istian Fr	rank 2. Date and Hour of DEATH	20:30(fm) M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRON		A. STATE B. COUNTY	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATIONI	TUTION, GIVE STREET	Maryland Pullo C, CITY ORTOWN D. INSI	DE CITY LIMITS?
	2 21 0411	Baltimore	YES NO
3 South Baltimore &	ten 110 spital	E. STREET AND NUMBER 7009 Brank S	+
5. SEX 6. RACE 7. MAPRIE	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.
M W WIDOWE	DIVORCED [9-5-95 Jast birthdoy 75	
IDA, USUAL OCCUPATION (Give kind of work 108, KIND (dene during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	10076	Maryland	U.S.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
Frank (dec)		Theresa (dec)	
15. Wee Deceased Ever is U. S. Armed Forces? (Yes, no or unknown) (if yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	ADDRESS
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18. 4 / 9	CAUSE OF DEAT	H /W/ CW/	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		50	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Pheumonia (Isend	0-
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the diseas	DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which caused death.)			
ANTECEDENT CAUSES	101 mone	28)	
DISEASES OR CONDITIONS, If any, givin		A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	e com	abstructure luy de	semo
ONDERENING CONDITION RUSE	(C)		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	3		
O DISEASE OR CONDITION GIVEN IN PART 1 (A).		120A AUTOREV Nos of Noll 208 IE VES WERE	INDINGS CONSIDERED
19A-DATE OF OPERATION 19E CONDITION FOR WAS PERFORMED		20A-AUTOPSYT (Yee or No.) 20B, IF YES, WERE F	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	BPLACE OF INJURY (e.g., i ome, form, factory, street, o ic.)	in or obout 21C, WHERE DID (II In Boltimore Bidg., INJURY OCCUR?	e City, give exact facation)
W OF WILLIAM	E INJURY OCCURRED	215 HOW DID INJURY OCCUR?	
(APPROX)	Vhile At Not While Vork At Work	•	
22. I certify that (I) (this hospital) attended		Feb - 22 - 1921 10 fee	-23192/
that (1) (we) last sow the deceased alive on	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 — 19 Z/ and that In(my) (our) opin	
and hour and from the causes stated obove.	(1) (We) (did) (did not) 1	view the body after death.	
23A. SIGNATURE	7		23 B. DATE SIGNED
Clumber 1	DEGREE Phy	ending Med. Staff Phys.	2-23-71
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS Salfing	ore Gen Ho so
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (Ci	ly, town, or countyl
burial 2/26/71	Oak Lawn	Cemetery Balto., Mo	d.
	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAD O TOTT O. C. B. B. Z.	Para in	Schimunek Funeral Home,	Inc., 3331 Brehms
VS 150 REV. TY WAS		2 0 1 0 Lane, Bal	to., Md. 21213



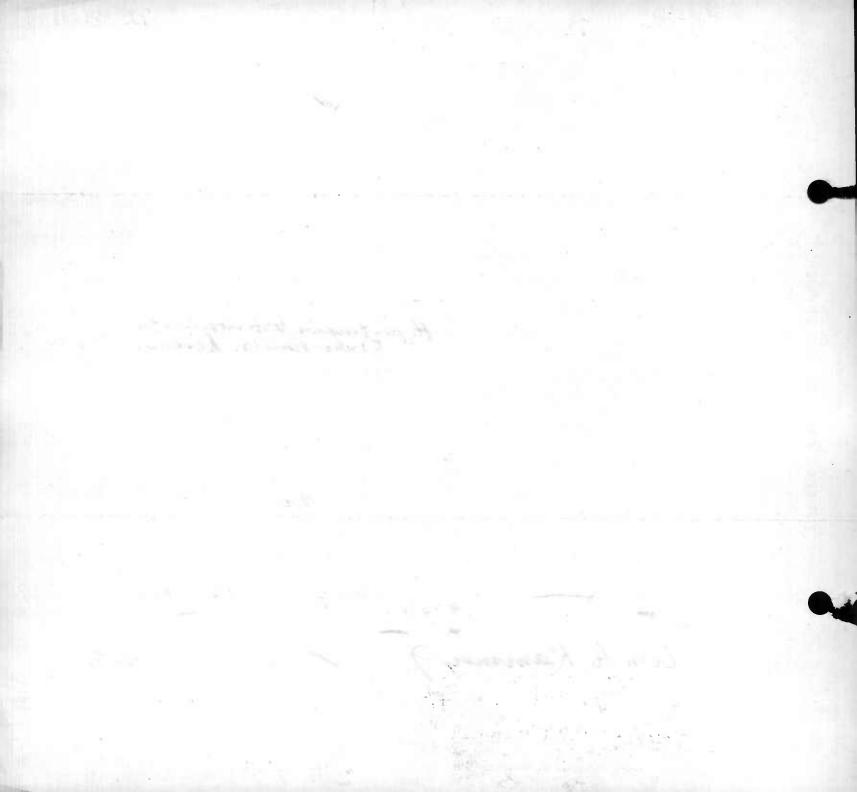
FUNERAL DIRECTOR:

Dr21		BALTIMORE	CITY HEALTH DEPARTMENT		
BIRTH NO.	71 20	48 CERTIFIC	CATE OF DEATH	REG. NO.	71 2048
1. NAME OF DEC	EASED		2. DATE	AND HOUR OF DEATH	2010
Mrs.	Goldie Poi	nter	Feb.	27, 1971	8:30 A M
3. PLACE IN BALT	IMORE MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived If in	stilution: residence before admission)
FULL NAME OF HOSPITAL OR	OF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	MD.		13-01
NOTITUTION	ADDRESS OR LOC	AllON	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
Seswick H	ome for Inc	urables of Balto.	Balto.		YES 🔀 NO 🗌
	00 W. 40th		E. STREET AND NUMBER		
	6. RACE		700 W. 40th		
म	W	7. MARRIED NEVER MARRIED WIDOWED X DIVORCED	T 2/11/88	9. AGE (In years lost birthday) 82	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
OA. USUAL OCCU	PATION (Give kind of wor	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	per-Manager	Meat Packer	Polto Ma		USA
3. FATHER'S NAM	te manager	Triebe Tables	Balto , Md	AME	NGU
Honyo	y T. Funk		Katie Mary H		
	Ever in U. S. Armed For Uf yes, give wer or dete	ices? 1 6. SOCIAL	17. INFORMANT	ramp	ADDRESS
NO	NO		7-A Keswick Files	700 W.	40 Street
100		CAUSE OF DI	EATH	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DI		Careina	matasis	12/11/11
(This does no	t mean the mode of	dying, e.g., (A) IMMEDIATE	AS A CONSEQUENCE OF:	ma (2 >/3	LIVIONTIL
injury or comp	osthenio, etc. Il meons dicotion which coused	the disease,	4-		
A	NTECEDENT CAUSES		Primary	S. sim. 1	- Mar H
	R CONDITIONS, if		AS A CONSEQUENCE OF:	riginoia	- Legia
rise to the	obove couse IA)	stoting the	TO A GOINGLADERGE POIL		
UNDERLTING	CONDITION lost.	(C)			
Z OTHER SIGNIEM	II CANT CONDITIONS CO	Mild Mild	n-1	11/4	1
TO THE DEATH	BUT NOT RELATED TO T	HE TERMINAL	Habdes	mellele	c 24 / ves.
19A.DATE OF	OPERATION 198 CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yos or h	o) 208, IF YES, WERE F	INDINGS CONSIDERED
2-6-	71 WAS PER	FORMED I MAN I	Ma	IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?
	WAS UNDERLYING	218 PLACE OF INJURY IS	g, in or about 21 C. WHERE DID office bidg, INJURY OCCUR?	(If to Boltimore	e City, give exact location)
DEATH (notify	medical examined	etc.)	, office bidg., INJURY OCCUR?	•	
21D. TIME	(Month) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID IN	JUSY OCCUS?	
(APPROX.)		White At Not \	While		
	1 . (1) (.1)	Work L At W		7,	1
22. I certify t	hat (I) (this haspitol) ottended the deceased from		19 66 to Fr	L 2 7 19 71
		ed office on July 27			tion deoth accurred an the dote
		red above. (1) (We) (dld) (did no	t) view the body after deoth.		
23A. SIGNATUR	INK/				23B DATE SIGNED
	Pll (Ot	DEGREE	Attending Med. Director	Shaff Phys:	2-27-71
23C. PHYSICIAN NAME (Typ	PKG	LUKOKY	23D. ADDRESS 2 W Uhiv	ersity to	Kwy 21218
4A. BURIAL CREM	ATION, 248, DATE	24C. NAME of CEMETERY OF		LOCATION (City	y, town, or county) (Stote)
Burial	3/2/71	Druid Ridge (emetery B	altimore, M	
MAR 2	William Called	THE NAME OF THE PARTY OF THE PA	25C. FUNERAL DIRECTO	R	Balto. Md. 21225
'S 150-REV. 1/1/68		H. W.	Tungy 11 a	Tome L	~~~ (14. 6166)

111	-1/2	BALTIMORE CITY	HEALTH DEPARTMENT	14 0040
BIRTH I	-540 71 204	49 CERTIFICA	TE OF DEATH	REG. NO. /1 2049
1. NAM (Type o	Print RUTH E. MANL	EX	2. DATE AN 2-26	D HOUR OF DEATH 12:02 P. M.
3. PLA	CE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceosed lived. If institution: residence before odmission)
FULL N HOSPIT	NAME OF (IF NOT IN HOSPITAL OR IN TAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland	Belloco. S D. INSIDE CITY LIMITS?
11131111			Baltimore	YES NO
3	The Johns Hopkins H	ospital	E. STREET AND NUMBER 1910 Wolhe:	lm Avenue
5. SEX	6. RACE 7. MARR	HED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A 115	WIDON WIDON (Give kind of work 10 B. KINI	VED DIVORCED	1-16-30	41
done du	ring most of working life, even if retired) THE WA LER		mary	and USA
13. FAT	HER'S NAME		14. MOTHER'S MAIDEN NA	ME
	Joseph Wagner		Ruth Thomps	
15. Was	or unknown) (If yes, give wor or dotes of servi	ce) 16. SOCIAL SECURITY NO.	W. Lar L.	MANLEY 1910 Wilhelm Acre
18.	39 X X I	CAUSE OF DEAT	H ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Rho	matic Heart	DISEASE 10.
	LEADING TO DEATH	(A)IMMEDIATE CAL		10415
	nis does not mean the mode of dying, art failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
	ury or complication which coused death.)			
	ANTECEDENT CAUSES	(0)		
DI	SEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	
	e to the abave cause (A) slating			
		(C)		
	11			
¥ TO	HER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN			
TA DIS	THE DEATH BUT NOT RELATED TO THE TERMIN SEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No	3) 208. IF YES, WERE FINDINGS CONSIDERED
TA DIS	THE DEATH BUT NOT RELATED TO THE TERMIN SEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSES OF DEATH?
AL CERTIFICATION NO.	THE DEATH BUT NOT RELATED TO THE TERMIN SEASE OR CONDITION GIVEN IN PART 1 (A). A-DATE OF OPERATION [198, CONDITION F	NAL	n or obout 21 C. WHERE DID	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO (If In Boltimore City, give exect location)
CAL CERTIFICATION	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner)	OR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore City, give exect location)
AEDICAL CERTIFICATION SOLUTION	THE DEATH BUT NOT RELATED TO THE TERMIN SEASE OR CONDITION GIVEN IN PART 1 (A). A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED A. A. A. C. C. DENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medicol exominer) D. TIME (Month) (Doy) (Yeor) (Hour) INJURY	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore City, give exect location)
AEDICAL CERTIFICATION SOLUTION	THE DEATH BUT NOT RELATED TO THE TERMIN SEASE OR CONDITION GIVEN IN PART 1 (A). ALDATE OF OPERATION 198. CONDITION FWAS PERFORMED A. A CCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner) D. TIME (Month) (Doy) (Year) (Hour)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21 E. INJURY OCCURRED	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore City, give exect location) URY OCCUR?
MEDICAL CERTIFICATION 190 SIG	THE DEATH BUT NOT RELATED TO THE TERMIN SEASE OR CONDITION GIVEN IN PART 1 (A). A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED A. A. A. C. C. DENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medicol exominer) D. TIME (Month) (Doy) (Yeor) (Hour) INJURY	OR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21 E. INJURY OCCURRED White At Not White At Work ed the deceased fram	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore City, give exect location)
MEDICAL CERTIFICAL OLD OLD OLD OLD OLD OLD OLD OLD OLD OL	DITHE DEATH BUT NOT RELATED TO THE TERMINE SEASE OR CONDITION GIVEN IN PART 1 (A). ALDATE OF OPERATION 198. CONDITION F WAS PERFORMED A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner) D. TIME (Month) (Doy) (Year) (Hour) PPROX.)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED White At Not White At Work ed the deceased from	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore City, give exect location) URY OCCUR?
TO DISTRIBUTE TO THE PROPERTY OF THE PROPERTY	THE DEATH BUT NOT RELATED TO THE TERMIN SEASE OR CONDITION GIVEN IN PART 1 (A). A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner) D. TIME (Month) (Doy) (Year) (Hour) INJURY PPROX.) I certify that (I) (this haspital) attended.	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED White At Not White At Work ed the deceased from an 2-26	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ 2 - 2 3 19 7/ and th	IN CERTIFYING CAUSES OF DEATH? NO (If In Boltimore City, give exact location) URY OCCUR?
TO DIS OF CALL AND CA	THE DEATH BUT NOT RELATED TO THE TERMINE SEASE OR CONDITION GIVEN IN PART 1 (A). A. DATE OF OPERATION 198. CONDITION 198. CONDITION WAS PERFORMED A. A. C. CIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner) D. TIME (Month) (Doy) (Year) (Hour) PPROX.) I certify that (I) (this haspital) attended to (1) (we) last saw the deceased alive	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED White At Not White At Work ed the deceased from the control of the deceased from the control of the con	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ 2 - 2 3 19 7/ and the riew the bady after death.	IN CERTIFYING CAUSES OF DEATH? NO (If In Boltimore City, give exact location) URY OCCUR?
WILL TO DIS TO THE PROPERTY OF	THE DEATH BUT NOT RELATED TO THE TERMINE SEASE OR CONDITION GIVEN IN PART 1 (A). A. DATE OF OPERATION 198. CONDITION FWAS PERFORMED A. A. A. C. CIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner) D. TIME (Month) (Doy) (Year) (Hour) PPROX.) I certify that (I) (this haspital) attended to (1) (we) last saw the deceased alived have and from the causes stated above	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED White At Not White At Work ed the deceased from	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ 2 - 2 3 19 7/ and the riew the bady after death.	URY OCCUR? 19 // ta 2-26 19 // at in(my) (aur) apinian death accurred an the date
TO T	THE DEATH BUT NOT RELATED TO THE TERMINE SEASE OR CONDITION GIVEN IN PART 1 (A). A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED A. A. A. C. C. DENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examine) D. TIME (Month) (Doy) (Year) (Hour) (Hour) PPROX.) I certify that (I) (this haspital) attended (1) (we) lost saw the deceased alive deceased diverged to the course stated above as SIGNATURE BRANCE C. PHYSICIAM'S	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.) 21 E. INJURY OCCURED White At Not White At Work ed the deceased from on 2 6 re. (I) (We) (did) (dId not) was becase	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ 22J and the bady after death. 22J ADDRESS	IN CERTIFYING CAUSES OF DEATH? NO (If In Boltimore City, give exect location) URY OCCUR? 19 7/ to 9-26 197/, ot in(my) (aur) apinion death accurred an the date 23B. DATE SIGNED 2-26-7/
TO T	THE DEATH BUT NOT RELATED TO THE TERMINAL CALL. ALDATE OF OPERATION 198. CONDITION FOR 1 1 (A). ALACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medicot exominer) D. TIME (Month) (Doy) (Yeor) (Hour) (INJURY PPROX.) I certify that (1) (this haspital) attended to (1) (we) last saw the deceased alive down and from the causes stated above A. SIGNATURE	OR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21 E. INJURY OCCURRED White At Not White At Work ed the deceased from on 2 - 26 re. (1) (We) (did) (dld not) where the deceased from t	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ 22J and the bady after death. 22J ADDRESS	URY OCCUR? 19 // ta 2-26 19 // at in(my) (aur) apinian death accurred an the date
TO T	THE DEATH BUT NOT RELATED TO THE TERMIT SEASE OR CONDITION GIVEN IN PART 1 (A). A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medicot exominer) D. TIME (Month) (Doy) (Yeor) (Hour) TINJURY PPROX.) I certify that (I) (this haspital) attended to (1) (we) last saw the deceased alive down and from the causes stated above. S. SIGNATURE BRUCE A URIAL CREMATION, 248. DATE 24	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.) 21 E. INJURY OCCURED White At Not White At Work ed the deceased from on 2 6 re. (I) (We) (did) (dId not) was becase	n or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ 2 - 2 3 19 7/ and the price of the body after death. 2 and ing Med. 5. Director D 23D. ADDRESS 3 HOY	IN CERTIFYING CAUSES OF DEATH? NO (If In Boltimore City, give exect location) URY OCCUR? 19 7/ to 9-26 197/, ot in(my) (aur) apinion death accurred an the date 23B. DATE SIGNED 2-26-7/
TO T	THE DEATH BUT NOT RELATED TO THE TERMINE SEASE OR CONDITION GIVEN IN PART 1 (A). A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examiner) D. TIME (Month) (Doy) (Year) (Hour) PPROX.) I certify that (I) (this haspital) attended to (1) (we) last saw the deceased alived dhaur and from the causes stated above A. SIGNATURE BRUCE A. URIAL CREMATION, 248. DATE EMOVAL (Specify) 248. DATE 24	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED White At Not White At Work ed the deceased from the deceased	n or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ 2 - 2 3 19 7/ and the price of the body after death. 2 and ing Med. 5. Director D 23D. ADDRESS 3 HOY	IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exect location) URY OCCUR? 19 // to 2-26 19 // ot in(my) (aur) apinian death accurred an the date 23B. DATE SIGNED 2-26-7/ 24 / 26 / 7/ 25 / 7/ 26 / 7/ 27 / 7/ 28 / 7/ 29 / 7/ 20 / 7/ 20 / 7/ 20 / 7/ 20 / 7/ 20 / 7/ 20 / 7/ 20 / 7/ 21 / 7/ 22 / 7/ 23 / 7/ 24 / 7/ 25 / 7/ 26 / 7/ 27 / 7/ 28 / 7/ 28 / 7/ 29 / 7/ 20 / 7/ 20 / 7/ 20 / 7/ 21 / 7/ 22 / 7/ 23 / 7/ 24 / 7/ 25 / 7/ 26 / 7/ 27 / 7/ 27 / 7/ 28 / 7/ 28 / 7/ 29 / 7/ 20 / 7/ 20 / 7/ 21 / 7/ 22 / 7/ 23 / 7/ 24 / 7/ 25 / 7/ 26 / 7/ 27 / 7/ 28 / 7/ 28 / 7/ 29 / 7/ 20 / 7/ 20 / 7/ 20 / 7/ 21 / 7/ 22 / 7/ 23 / 7/ 24 / 7/ 25 / 7/ 26 / 7/ 27 / 7/ 27 / 7/ 28 / 7/ 28 / 7/ 29 / 7/ 20 / 7/
100 PT	THE DEATH BUT NOT RELATED TO THE TERMIT SEASE OR CONDITION GIVEN IN PART 1 (A). A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medicot exominer) D. TIME (Month) (Doy) (Yeor) (Hour) INJURY PPROX.) I certify that (I) (this haspital) attended to the couses stated above the couse stated above th	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED White At Not White At Work ed the deceased from the deceased	n or about 21C. WHERE DID ffice bidg. INJURY OCCUR? 21F. HOW DID INJ 21F. HOW DID INJ 21F. HOW DID INJ 21F. HOW DID INJ 22B. ADDRESS ADDRESS	IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) URY OCCUR? 19 // to 2-26 19 // ot in(my) (aur) apinian death accurred an the date Staff Phys. 23B. DATE SIGNED 2-26-7/ 21NS HOSPITAL OCATION (City town, or county) OCATION (City town, or county) OCATION (State)



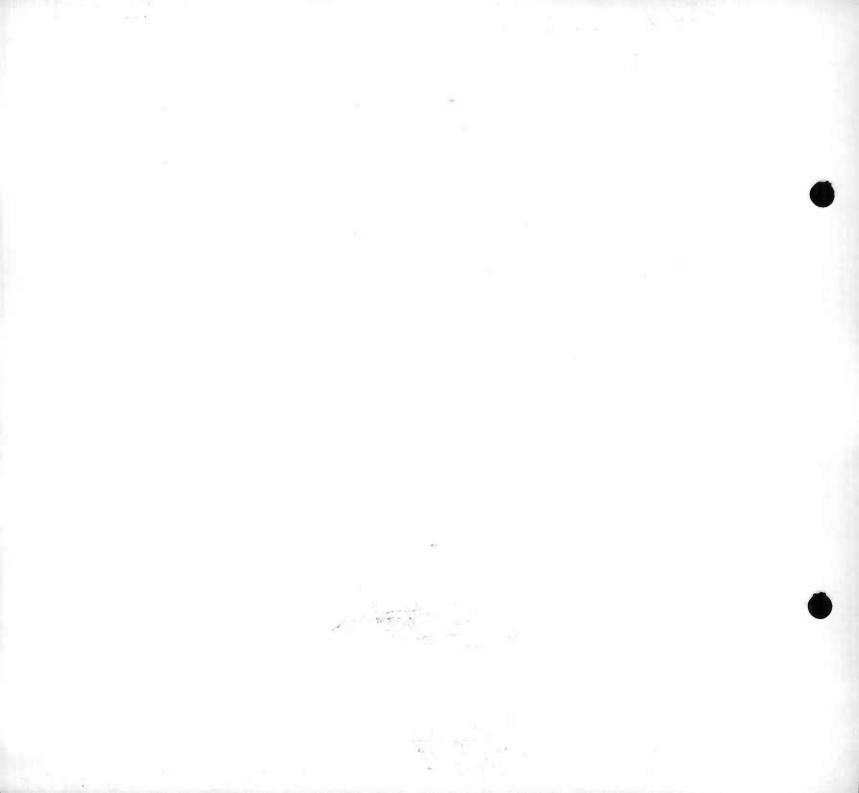
D 100			BALTIMORE CITY	HEALTH DEPARTMENT		F14 0000 1
K-400	71 8	2050	CERTIFICA	TE OF DEATH	REG. NO	
.NAME OF DEC Type or Print)	Carrie	R. Rahli	1	Feb.	D HOUR OF DEAT 26, 1971	1:00 p
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (Wher	e deceosed lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Maryland 212		SIDE CITY LIMITS?
143111011014	6000 York	Road		Baltimore		YESXEN NO
	Baltimore,		212	E. STREET AND NUMBER		7 100-100
	Da a ormor o	1100 0 220		6000 York Road	i	
SEX	6. RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
Fema le	White	WIDOWED	_ =	Aug. 12, 1894	lost birthdoy) 76	Months Doys Hours Will.
OA. USUAL OCCI	JPATION (Give kind of work			11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNT
	working life, even if retired)			Do 144 Moss	-1	LICA
Hat Tri		Hat		Baltimore, Mar		USA
3. FATHER'S NA!		tmotor		Marie E. Dreis		
	David Ko	tmeler		Marie E. Dreis	cn	
	Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	wor or dole	s of service	217-48-3415	John H. Rahll (Hughand) S	iame
18.	7 / 7	_				
heort failure, injury or com	ol mean the mode of asthenia, etc. It means uplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A)	the disease, death.)	(B)	Hensive Orfe ardio-Vascula a consequence of:		
	CONDITION losf.		(C)			
TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T	HE TERMINAL		***************************************		
	OPERATION GIVEN IN PAR OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WER	E FINDINGS CONSIDERED :
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	21 B hom etc.	e, form, foctory, street, o	in or obout 21C. WHERE DID INJURY OCCUR?	(If In Baltim	ore City, give exoct location)
21D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		URY OCCUR?	
				87.1		11-
1	that (I) (this hospita				19 4 ta 7	19 1
that (1) (200)	last saw the decease	ed alive an	19 yan.	19 // and th	at in (my) (pue) a	pinian death accurred an the o
and haur an	fram the causes sta	ted abave. (1) (\did) (did not)	view the bady after death.		
23A. SIGNATU	IRE // //		0			23B, DATE SIGNED
w	n.to Ka	mm	Phy	ending Med.	Staff Phys.	28 Feb- 71
23C. PHYSICIA	IN'S		BEGREE	23D. ADDRESS		
NAME (T	ype)	77 60		6011 York Road	Bolto MA	21212
			ammer, Jr. DEGREE			
REMOVAL (24C. N	AME of CEMETERY of CR	EMATORY 24D. L	OCATION	(City, town, or county) (State
Burial						
	3/2/19	71 Dul	anev Valley M	emorial Cardona	Cockeysvi	ille, Md.
SA. DATE REC'D	3/2/19 BY HEALTH DEPT.	· ole	aney Valley M	emorial Gardens		
MAR 2 1		· ole	aney Valley M	emorial Gardens 25C. FUNERAL DIRECTOR Eugenia K. Se Seitz Funeral	itz 5209 1	



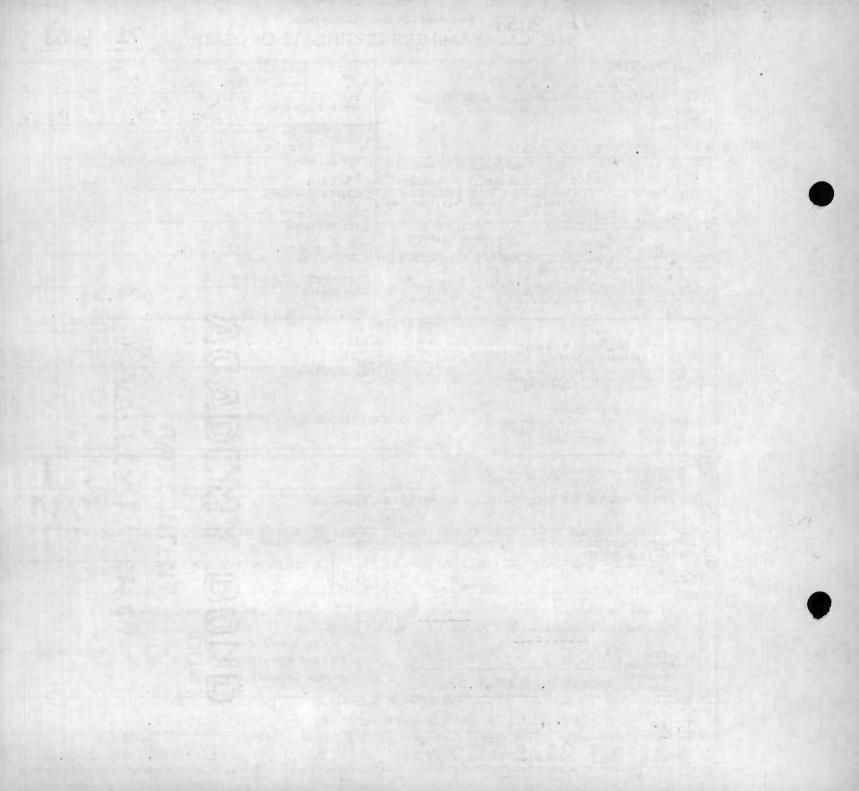
2	2 .111			BALTIMORE CITY	HEALTH DEPARTMENT		74 0054
BIR) - 900 TH NO.	71	2051	CERTIFICA	TE OF DEATH	REG. NO	71 2051
	Pe or Print	ASED // James Bla	ir			Feb. 25, 1	.971 1 6 Am.
3.		MORE MARYLAND, W		DUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution; residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	Md c. city or town		IDE CITY LIMITS?
1	SILIOHON				Baltimore		YES NO
7	M	Mer d y Hospita	1		E. STREET AND NUMBER 727 Aisquit	S+	10-02
5. \$	EX	6. RACE	7. MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	M	Negro	WIDOWEL	= =	9-5-13	lost birthdoyl	Months Doys Hours Min.
	USUAL OCCU	PATION Give kind of work		Land Land	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
		Runknews		ZUN KARION	Lester.	5, 6,	U.S.A.
13.	FATHER'S NAA				14 MOTHER'S MAIDEN NA	ME	
		Cu	NKno	000	MANDA	9	
15. Yes	Was Deceased	Ever in U. S. Armed For	rees?	SECURITY NO.	17. INFORMANT		ADDRESS
	NO		-	240-01-4111	Mr. James	8/12 21	107 Elamosan K
	18.	3.4		CAUSE OF DEAT		Dear A	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DI	RECTLY	Kes	PINATORY F	drrest.	BETWEEN ONSET AND DEATH
		LEADING TO DEATH		CANIMMEDIATE CAL	10/ 4 · hu	MONIA	
	(This does no	of mean the mode of	dying, e.g	DUE TO, OR AS	A CONSEQUENCE OF:		
	heart failure, asthenia, etc. it means the disease, injury or compilication which caused death) AWARMIA MALNATRITION						
		INTECEDENT CAUSES					
	DISEASES O	R CONDITIONS, If	any, givin	DUE TO, OR AS	A CONSEQUENCE OF:	, .	
	rise to the	chove cause (A)			dism dely	1 nation	
	UNDEKETING	CONDITION 101E		(C)1/1/C	(U	ROUTED D.	
ATION	OTHER SIGNIFICATION	II CANT CONDITIONS CO I BUT NOT RELATED TO T	NTRIBUTING				
	DISEASE OR CO	ONDITION GIVEN IN PAR	RT 1 (A).				
CERTIFIC	19A-DATE OF	OPERATION 19% CON WAS PER	IDITION FOR FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
A.	OR CONTRIBU	TING CAUSE OF medical examined	ho	EPLACE OF INJURY (e.g., ima, farm, factory, street, c c.)	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimor	re City, give exoct location)
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Houd 21	& INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
Z	(APPROX.)			Thile At Whi	l• 🗆		
	22 1	that (this hospita				19 7/ ta	2/25 1971.
				- 17 /	/		
		last saw the decease					nien death accurred an the date
			ted abave.	(b) (We) (did) (didings)	view the body efter death.	•	
	SIGNATU	KE A /	1.1.	15 AH	ending Med.	Shell RT3	23B DATE SIGNED
	PartRic	u H. M	1016	My WEDSEREE Phy	s. Director L	Shaff Phys.	2/25/7/-
	PAGE PHYSICIA	N°S ypel		7	23 D. ADDRESS		
L				DEGREE			
24/	NEMOVAL (24C.1	NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, or county) (State)
	Burio	20 2-3-	7/1/	t. Jaluar	1 (Employ)	WIX Hr.	andel Co. Md.
25/	A. DATE REC'D	BY HEALTH DEPT.	258 NA 54	O'SESTAR /	25C. FUNERAL DIRECTO	R	ADDRESS
	MAR 2	1977 Paber	1 45-16	34-0 A	GAAN ES	SCRU66	S/4/RE. Prestar
A2	150-REV. 14/	0.0		٠			



CERTIFICATE OF DEATH REG. NO. ME OF DECEASED OF Print) ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD NAME OF ADDRESS OR LOCATION) NAME OF ADDRESS OR LOCATION) NAME OF ADDRESS OR LOCATION) SON SECOUR HOSPITAL OF MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NO NEVER MARRIED NEVER					
ACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD A. STATE A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY A. STATE B. COUNTY M. SALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS? C. CITY OR TOWN D. INSIDE CITY LIMITS? VES D NO E. STREET AND NUMBER 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY M. SALTIMORE VES D NO E. STREET AND NUMBER 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY M. SALTIMORE VES D NO E. STREET AND NUMBER 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY M. SALTIMORE VES D NO E. STREET AND NUMBER 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY M. SALTIMORE VES D NO E. STREET AND NUMBER 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY M. SALTIMORE VES D NO E. STREET AND NUMBER 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY M. SALTIMORE VES D NO E. STREET AND NUMBER 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY M. SALTIMORE VES D NO E. STREET AND NUMBER 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY M. SALTIMORE VES D NO E. STREET AND NUMBER 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY M. SALTIMORE P. AGE (in yoors) If Under 14 Hiss. Months: Doys Hours in Min. M. SALTIMORE A. STATE B. COUNTY M. SALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS? YES D NO INSTITUTION A. STATE B. COUNTY M. SALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS? YES D NO INSTITUTION A. STATE B. COUNTY M. SALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS? YES D NO INSTITUTIO					
ACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY M. SALTIMORE A. STATE B. COUNTY M. SALTIMORE C. CITY OR TOWN C. C					
NAME OF ADDRESS OR LOCATION) BONSECOUR HOSPITAL C. CITY OR TOWN BONSECOUR HOSPITAL C. CITY OR TOWN B. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 4621 OLD FREDERICK ROAD WIDOWED DIVORCED DIVORCED 1-18-95 Nonths: Doys Hours Min.					
C. CITY OR TOWN BONSECOUR HOSPITAL C. CITY OR TOWN BALTIMURE YES P NO E. STREET AND NUMBER 4621 OLD FREDERICK ROAD WIDOWED DIVORCED 7. MARRIED NEVER					
C. CITY OR TOWN BONSECOUR HOSPITAL C. CITY OR TOWN BALTIMURE YES P NO E. STREET AND NUMBER 4621 OLD FREDERICK ROAD WIDOWED DIVORCED 7. MARRIED NEVER					
SONSECOUR HOSPITAL BALTIMORE E. STREET AND NUMBER 4621 OLD FREDERICK ROAD FOR MARRIED NEVER MARRIED 9. AGE (in yours of birthday) WIDOWED DIVORCED 1-18-95 Not birthday Months: Doys Hours Mine					
E. STREET AND NUMBER 46. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yoors 1 Under 1 Yr. 1 Under 24 Hrs. WIDOWED DIVORCED 1 - 18 - 95 10st birthday 1 South birthday 1 Sout					
6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 1-18-95 Nost birthday. Months: Doys Hours Min.					
6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 1-18-95 Not birthday! WIDOWED DIVORCED 1-18-95 Not birthday!					
WIDOWED DIVORCED 1-18-95 lost birthdoy) Months Doys Hours Min.					
INDUITED DIVORCED 1-10-75 10					
SUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)					
aring mass of working tite, even it restrect					
Retired MARYLAND USA					
THER'S NAME 14 MOTHER'S MAIDEN NAME					
ROBERT REANEY ANNIET KINSELLA					
Deceased Fire in 11 C A LE. 2 / / / / J C C C / /					
o or unknown) (If yes, give wor or dotos of sorvice) 16. SOCIAL 17. INFORMANT ADDRESS					
212-20-9405					
CAUSE OF DEATH into Sink obstanction be less APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY of Ca. Lt. Colom + AAS & No-sever Anemia BETWEEN ONSET AND DEATH					
LEADING TO DEATH					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease					
heort failure, osthenia, etc. Il meons the disease, injury or complicolian which caused death.)					
ANTECEDENT CAUSES					
(B) (A Ct/ LT: /A/DNL					
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the					
UNDERLYING CONDITION lost, (c)					
Chamber Color Colo					
THER SIGNIFICANT CONDITIONS CONTRIBUTING					
THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE TERMINAL THE MEDICAL MAN OPPORTUNITY MAN TO THE MEDICAL MEDICAL MAN OPPORTUNITY OF MEDICAL MAN OPPORTUNITY OF MEDICAL MEDICAL MAN OPPORTUNITY OF MEDICAL MAN OPPO					
SCASE OR CONDITION GIVEN IN PART 1 (A).					
A ACCIDENT WAS UNDERLYING					
CONTRIBUTING CAUSE OF home, form factory street office blde INTURY OCCUPY					
ATH (notify modical examiner) etc.) none					
D-TIME (Month) (Doy) (Year) (Hourt 215 INITER OCCURRED 215 HOW OF WHAT					
PPROX.) Mo While At Not While [7]					
Work At Work					
. 1 certify that (1) (this haspital) ottended the deceased from 2 6 19 11 to 3 -1 19 7/					
- (1)/- 1					
C The state of the					
ond hour and from the causes stoted obave. (1) (We) (did) (did not) view the body after death.					
Pt. F. Kazerin Attending Med. 5 Shift CD 23B, DATE SIGNED					
Phys. Director Phys.					
C-PHYSICIAN'S NAME (Type)					
Dr. Ferdous KAZEMJ BON SE COURS HOSATAL BASHINDRE, Md 2/2					
EMOVAL (Specify) (City, town, or county) (Stote)					
BURIAL 3/4/71 LOUDON PARK Baltimore, Maryland					
ATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR					
REV. 17/68					



1	7-460 71 2053 BA MEDICAL EXA	ALTIMORE CITY HEA	ALTH DEPARTMEN	NT	X 71	2052	
BI	MEDICAL EXA	AMINER 3 C	EKTIFICA	IE OF DEAT	REG. NO.	2000	
	NAME OF DECEASED			own Month	Doy Yeor	Hour	
(Ty	CLARENCE H. FLEURY	OF DEATH Est	imoled Feb.	27, 1971	M.		
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	3. DATE	Month	Doy Yeor			
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, SPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD February 27, 1971 3:45 P.					
OR	INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If this tily tion: residence before admission)					
0	ST: AGNES HOSPITAL	A. STATE Maryland B. COUNTY					
6.	SEX 7. RACE B. MARRIED 1	C. CITY OR TOWN	N	D. INSIDE CITY LIMITS	?		
	Male White WIDOWED	DIVORCED -	Balto.		YES 🔀	NO 🗆	
9.	DATE OF BIRTH 10. AGE (In years If Under lost birthdoy) Months	1 Yr. II Under 24 Hrs. Doys , Hours , Min.	E. STREET AND N	TUMBER	(ACE	2-00	
	June 28, 1892 78	Doys (noors min.	420 Acade	my Avenue			
11.	BIRTHPLACE (State or loreign country) 12. CITI	13. FATHER'S NA					
	Baltimore, Md. WH.	Charles Jos. Fleury, Sr.					
144	Baltimore, Md. US USUAL OCCUPATION (Give kind of work 148. KIND OF BUS e during most of working life, even if refired)	INESS OR INDUSTRY	15. MOTHER'S MA	AIDEN NAME			
	Ret'd Machinist Mt. Clare			Magdalene Ut			
16.		SOCIAL SECURITY NO.	18. INFORMANT		ADDRESS.	.Md. 21228	
1	No	SECORITI NO.	Mrs. Lill	ian May Fleu		•	
	19.4124	CAUSE OF DEAT				APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY	Arterio	sclerotic	cardiovascul			
	LEADING TO DEATH	(A)IMMEDIATE C					
	(This does not mean the mode of dying, e.g., heart foilure, osthento, etc. It means the disease, injury or complication which coused death.)						
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF: RISE TO THE ABOVE CAUSE (A) STATING THE						
7	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(c)					
ATION							
II O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		····				
CERTIFI	20A. DATE OF OPERATION 20B. CONDITION FOR WH	ICH OPERATION WA	S PERFORMED		21. AUT	OPSY? (Yes or No)	
O						no	
EDICA	22Å. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	CE OF INJURY(e.g., rm, foctory, street, office	in or obout 22C. W bldg., etc.) INJURY	HERE DID (II In Boltimore OCCUR?	e City, give exoct location)	
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR?						
	(APPROX.) m. WORK NOT WHILE AT NOT WHILE AT NOT WHILE						
	23. I certify that I held an Inquiry I In	spection X Aut	opsy and	that on this basis,	deoth in my opinion		
	resulted from: Notural couses Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED						
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER						
	NAME (Type) Werner U. Spitz M.:	D.	Deputy	MEDICAL EXAMINER Chief Medica	al Examiner	2/28/71	
	A. BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY		24D, LOCATION	(Cily, tawn, or count		
RE	Moval (Specify) Burial Mar. 21/1971 L	oudon Park	Cemetery	Baltimo			
25	DATE REC'D BY HEALTH DEPT 258. NAME OF			AL DIRECTOR	ADDRESS		
	MAR 2 1977 Pober E. Ja. Bar	MA		,1630 Edmond		o.,Md.21228	
VS	151-REV. 1/1/68						

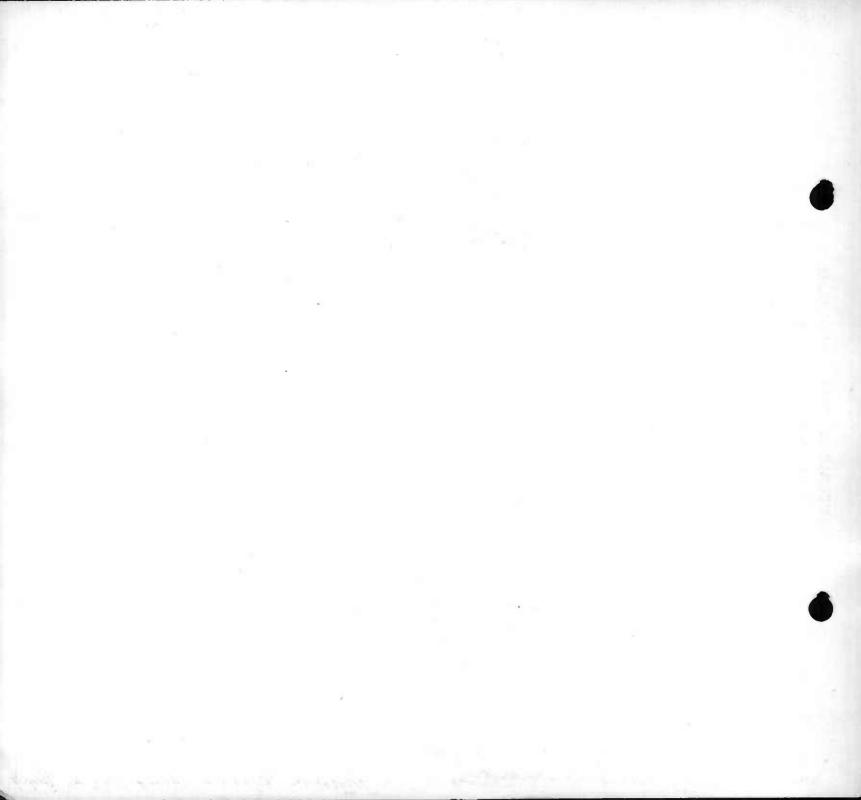




Robert

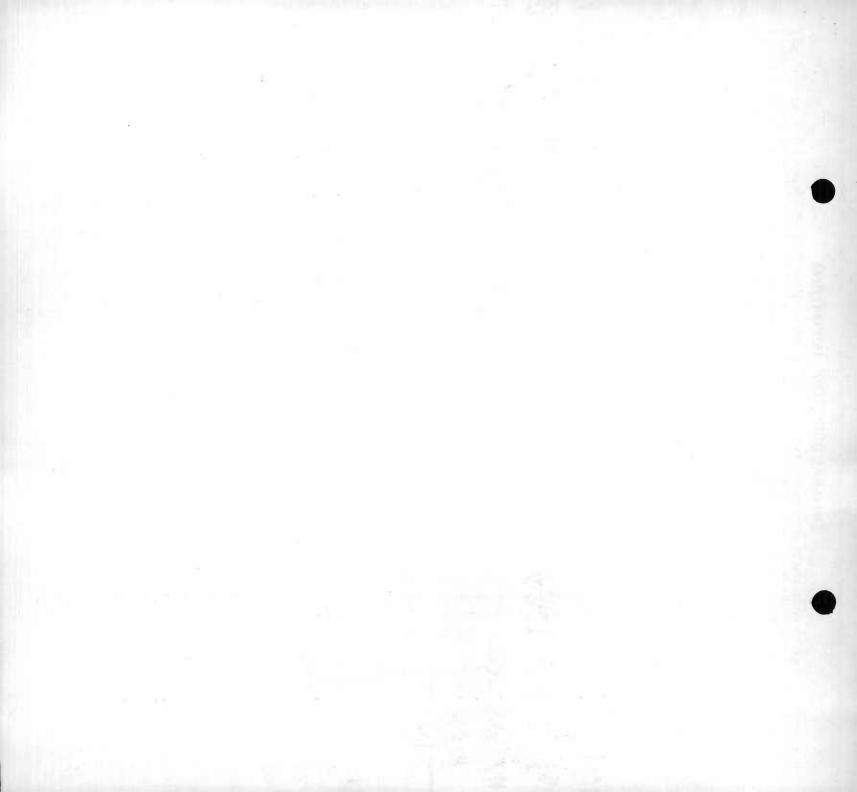
150-REV. 1-1/68

1-550 BIRTH NO.		HEALTH DEPARTMENT	REG. NO	71 2055
1. NAME OF DECEASED (Type or Print) LAMBRI ME.	JOSEPH.	2. DATE,	AND HOUR OF DEAT	H
3. PLACE IN BALTIMORE MARYLAND, WHERE P		114. USUAL RESIDENCE (W	6/7/ · 18.3	institutions residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	A. STATE B. COU MARYLAND C. CITY OR TOWN		2-02) NSIDE CITY LIMITS?
CHURCH HOME AN	D HOSPITAL.	BALTIMOR E. STREET AND NUMBER 125-S.B	ROADWAY.	YES NO NO
M	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KI	DIVORCED DIVORCED DIVORCED DIVORCED	11. BIRTHPLA CE (Stole or fo	69	
TAILOR Resident Residence of R	tired	ITALY	/ County	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.		
SAC VADOR E LA 1 15. Was Deceased Ever in U. S. Armed Forces?	M/AN/.	GIRACE	1	= LOMBARPI
(Yes, no or unknown) (If yes, give wor or dotes of ser	SECURITY NO.	17. INFORMANT	/	ADDRESS
118.	911-18-1930 CAUSE OF DEATH	DORIS HILE.	5. 6908	BRADFORD CT / AURCE
(This does not mean the made at dying, heart foiture, asthenia, etc. It means the disinjury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it ony, grise to the above couse (A) stoling UNDERLYING CONDITION lost.	(B)	A CONSEQUENCE OF:	g Oddune	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE THE THE THE THE THE THE THE TH	NAL			***************************************
2/22/7/ WAS PERFORMED	Rtunde lote	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, official)	or obout 21C. WHERE DID	(If In Boltima	ore City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21E INJURY OCCURRED While Al Work Not While Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this hospital) attend			19 <u>7/</u> to	2-26- 1971
and haur ond from the couses stated obay	,	19ond the	hot In (my) (our) op	Inlon death occurred on the date
J. Sny X aman	(1)	ding Med.	Staff Phys.	23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type) I SREE RAMAN	2:	CHURCH R	J	D HOSPITAL
3-2-7/	C. NAME OF CEMETERY OF CREAT	MATORY 24D. L		ity, town, or county) (State)
MAR 9 1071 R. C. E. Jack	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	00	ADDRESS



FUNERAL DIRECTOR: IMPORTANT

Baltimore STREET AND NUMBER 1808 W. North Avenue 1808 W. Nort	CITY LIMITS? ES NO OR II Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) 1808 W. North Avenue 1808 W. North Avenue 1808 W. North Avenue 5. SEX 6. RACE Colored WIDOWED DIVORCED OCt. 2, 1925 10A. USUAL OCCUPATION (Give kind of work Iden eduring most of working life, even if refired) Teacher 13. FATHER'S NAME Leon Hunt 4. USUAL RESIDENCE (Where deceosed lived. II institution, GIVE STREET Maryland C.CITY OR TOWN Baltimore YI Maryland C.CITY OR TOWN D. INSIDE Baltimore YI E. STREET AND NUMBER 1808 W. North Avenue Oct. 2, 1925 Oct. 2, 1925 45 10A. USUAL OCCUPATION (Give kind of work Iden eduring most of working life, even if refired) Baltimore City Baltimore, Maryland 14. MOTHER'S MAIDEN NAME Althea Mason	CITY LIMITS? ES NO OR II Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION 1808 W. North Avenue 1808 W. North	NO Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
Address or Location C. CITY OR TOWN D. INSIDE	NO Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
Baltimore Baltimore STREET AND NUMBER 1808 W. North Avenue	II Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
1808 W. North Avenue E. STREET AND NUMBER 1808 W. North Avenue	Il Under 1 Yr. If Under 24 Hr. Aonths Doys Hours Min.
Male Colored WIDOWED DIVORCED OCt. 2, 1925 45 OA. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired) Teacher Baltimore City Baltimore, Maryland 3. FATHER'S NAME Leon Hunt Althea Mason	Aonths Doys Hours Min.
Male Colored WIDOWED DIVORCED Oct. 2, 1925 45 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired) Teacher Baltimore City Baltimore, Maryland 13. FATHER'S NAME Leon Hunt Althea Mason	12. CITIZEN OF WHAT COUNTS
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Indeed during most of working life, even if retired) Teacher Baltimore City Baltimore, Maryland 14. MOTHER'S MAIDEN NAME Leon Hunt Althea Mason	
Teacher Baltimore City Baltimore, Maryland 3. FATHER'S NAME Leon Hunt Baltimore Althea Mason	
3. FATHER'S NAME Leon Hunt Althea Mason	U.S.A.
Leon Hunt Althea Mason	U.D.A.
	4000000
res, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS
Yes WW II 219-18-8890 Blanche Hunt - 1808 W. North	h Ave.
ise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1988. CONDITION FOR WHICH OPERATION 2008. IF YES, WERE FINING CAUSE	One week
u l	City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work Not While At Work	
	L5= 1971
that (1) (wa) last sow the deceased alive on 2-25- 1971 and that in (my) (cor) opinio	on death occurred an the do
and hour and from the couses stoted obove. (1) (We) (did) (did not) view the body after deoth.	
	3B. DATE SIGNED
Attending Phys. Director Phys.	
23C. PHYSICIAN'S 23D. ADDRESS	
NAME (Type) C. R. Campbell, M.D. 1618 W. North Ave., Balto.,	Md.
DEGREE	town, or county) (State)
Damiel 2 2 77	
DUITED 3-2-/I New Cathedral Baltimore, Mary] 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	land Address
	dison Ave.
MAN & IST WAS AND THE STATE OF MAC	arson Ave.



M 200 71 2057 BALTIMORE CITY HE	ALTH DEPARTMENT
111-320 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 71 2057
BIRTH NO.	
. NAME OF DECEASED Type or Print)	2. DATE Known Month Doy Year Hour
Matthews Milton B.	OF DEATH Estimoted 3 1 71 11:10 a. M.
I. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) RINSTITUTION	PRONOUNCED DEAD 3 1 71 11:10 am.
Provident Hospital	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Md.
SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male Negro WIDOWED DIVORCED	Balto.
DATE OF BIRTH 10.AGE (In years If Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER
lost birthdoy) Months Doys Hours Min.	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
6-7-27 43	3614 Milford Avenue
1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAT COUNTRY?	Cornelius Matthews
4A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY	
one during most of working life, even if retired)	**************************************
Male Nurse Hospital	Lillian
6. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (if yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS ADT LA
Yes WW II 216-20-5183	Milton V. Matthews 3901 Wabash Ave.
19. CAUSE OF DEAT	TH APPROXIMATE INTERVAL
Z 100 1	C to London Set and Death
DISEASE OR CONDITION DIRECTLY	Stabwounds of abdomen
(This does not meon the mode of dying, e.g., (A) IMMEDIATE C	
heart failure, osthenio, etc. It meons the disease.	S A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (P)	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
■ 22A. EXTERNAL CALISE WAS 1228 PLACE OF INITIDATE	yes
22B. PLACE OF INJURY (e.g., home, form, lactory, street, office	in or about 22C. WHERE DID (II in Boltimore City, give exoct location)
UTING CAUSE OF DEATH. HOUSE	3616 Milford Ave. (rear porch)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY 3 1 71 2:25a WHILE AT TO NOT	WHILE Stabbed by unknown assailant.
(APPROX.) 3 1 /1 2:25a m. WHILE AT WORK AT W	ORK A Stabbed by directown assartant.
	VVI
1	ond that on this basis, death in my apinian
resulted from: Natural causes Accident Suicid	e Hamicide XX Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL TUIL	DATE SIGNED
SIGNATURE M.D.	3/1/71
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specily)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 3-5-71 Mt Calvary	Cemetery Anne Arundel Cty., Md.
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 2 1977 Palent & Jankey M. R.	Wm. C. March 928 E. North Ave.
S 151-REV. 1/1/68	2056

manget. Testusoff erd. so . si si tod v. Marthows Coul Asimus Ava. abile Calvery Conclory Anno Arundel Thy., Md. was dared on a est derak bere-

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO. BIRTH NC 1. NAME OF DECEASED 2. DATE Known Month Year Hour (Type or Print) OF JOHN CHISLON, JR. Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Yeor Hour FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD HOSPITAL February 21,1971 OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY Rear Porch, 941 W. Fayette Street Maryland 6. SEX 7. RACE B. MARRIED NEVER MARRIED TO C. CITY OR TOWN D. INSIDE CITY LIMITS? Ma le Negro WIDOWED DIVORCED _ Baltimore YES 9. DATE OF BIRTH 10. AGE (In years last birthday) If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Manths; Days; Hours; Min. 11-28-37 33 1237 W. Balto. Street 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Maryland John Chislon
15. MOTHER'S MAIDEN NAME 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of warking life, even if retired) Addie Randall 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknawn)((I yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT **ADDRESS** 212-36-0791 Paul W. Carrington 1416 N. Broadway CAUSE OF DEATH BETWEEN ONSET AND DEATH Gunshot wound of Head DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury ar camplication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. Porch 941 W. Fayette Street 22D. TIME (Manth) (Doy) (Year) (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT (APPROX.) 2-21-71 NOT WHILE 3:55 A. AT WORK Shot while breaking and entering 23. I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Natural couses Accident Sulcide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE. EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER 2/21/71 NAME (Type) 24A. BURIAL CREMATION.

24C. NAME of CEMETERY or CREMATORY

25C. FUNERAL DIRECTOR Wm C March

Mt Calvary Cem.

35B. NAME OF REGISTRAR

24D. LOCATION (City, tawn, or county)

Anne Arundel Cty.,

928 E. North Ave.

(Stote)

248. DATE

REMOVAL (Specify)

Burial

VS 151-REV. 3/1/68

SANDATE REC'D BY HEALTH DEPT.

. After admit man . W. Lori, 1000-08-815 The art thought and man growth the TASE tathing . - CA Adress . Bass . Borth Age.

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPL .

REMOVAL (Specify)

Burial

VS 151-REV. 7/1/68

24B. DATE

3-3-71

2059 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. BIRTH NO 1. NAME OF DECEASED 2. DATE Known Dov Yeor Hour (Type or Print) WILLIAM HENDERSON OF Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Dov Year Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 2 25 1971 6:35 PM HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 2904 Walbrook Ave. Md. 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED male negro Balto. WIDOWED DIVORCED __ YES X NO L 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER lost bigthdoy) Manths | Doys | Hours | Min. 2904 Walbrook Ave. 57 4-9-13 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? North Carolina William Henderson 14A.USUAL OCCUPATION (Give kind at work) 4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Dinkey Jeffers 16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no ar unknown)((If yes, give wor ar dotes of service) 17. SOCIAL SECURITY NO. IB. INFORMANT ADDRESS 218-01-2728 Jeffers Henderson 2219 Guilford Ave CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fatty liver (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart follure, osthenia, etc. It meons the disease, injury or camplication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) **EXTERNAL CAUSE WAS** 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location) hame, form, lactary, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) OF INJURY (Yeor) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) m. WORK 23. Part. I certify that I held on Inquiry Inspection Autopsy X ond that on this basis, death in my opinion resulted from: Natural causes XX Accident Sulcide Homicide __ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Isidere Mihalakis, M.D. 2-26-71 NAME (Type)

24C. NAME of CEMETERY or CREMATORY

25B. NAME OF REGISTRAR

Mt Auburn Cemetery

24D. LOCATION

25C. FUNERAL DIRECTOR

March

Balto. Md.

(City, town, or county)

ADDRESS 928 E. North Ave.

(Stote)

AN ARCHE SAVE FOR SHE SHE SHE SHE

deres and antifica will brought to title mory threet everyth. Cotts-RO-title . Ok . . offer guarama munich the

the Company of Bill March Dans

24C. NAME of CEMETERY or CREMATORY

Mt. Auburn Cem.

258. NAME OF REGISTRAR

24D, LOCATION

25C. FUNERAL DIRECTORY . Bailey

Kelson F.H

(City, tawn, or county)

1348 Calhoun Street

(Stote)

NAME (Type)

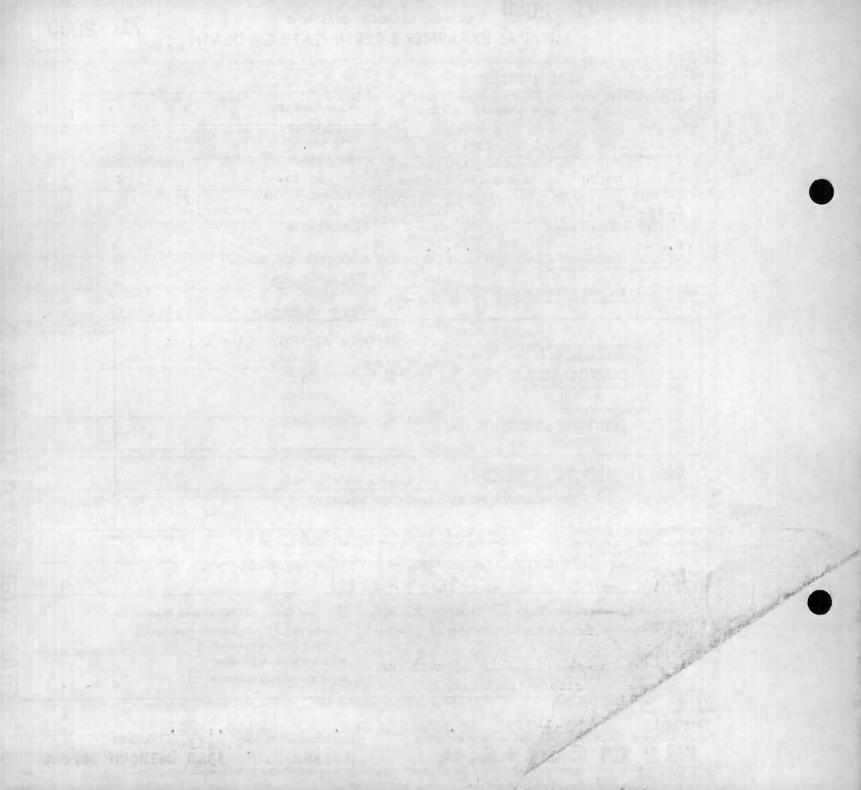
24A. BURIAL CREMATION.

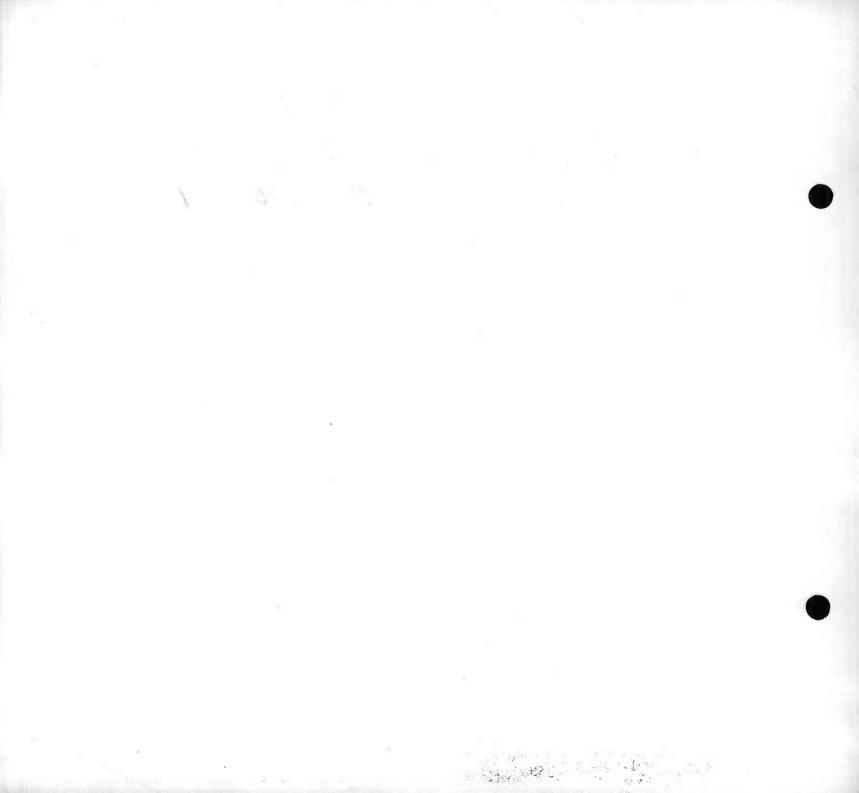
25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Burial

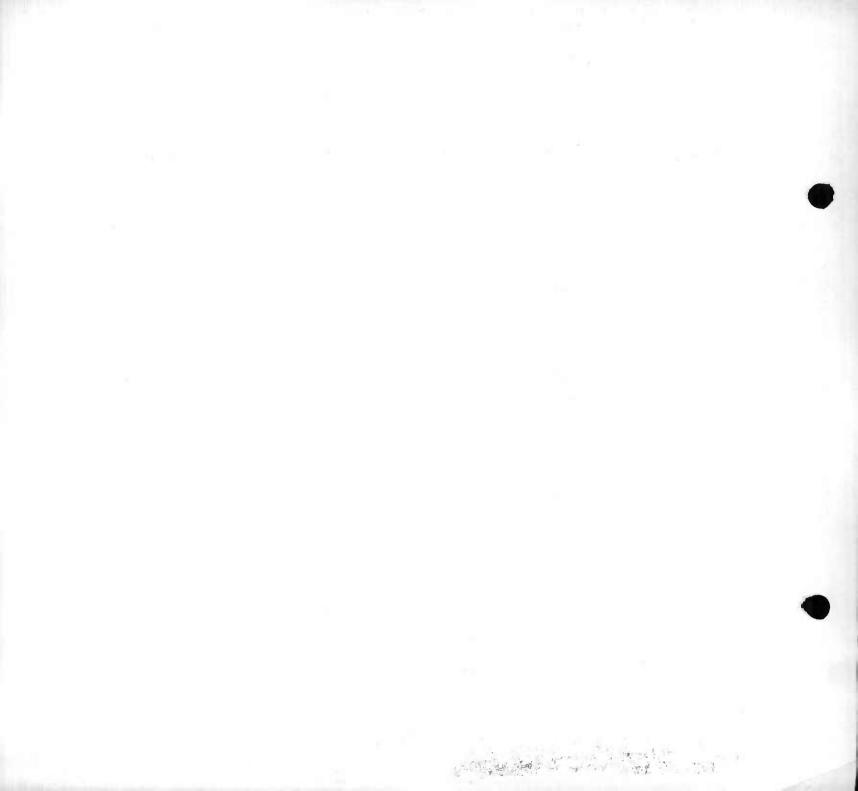
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24B. DATE

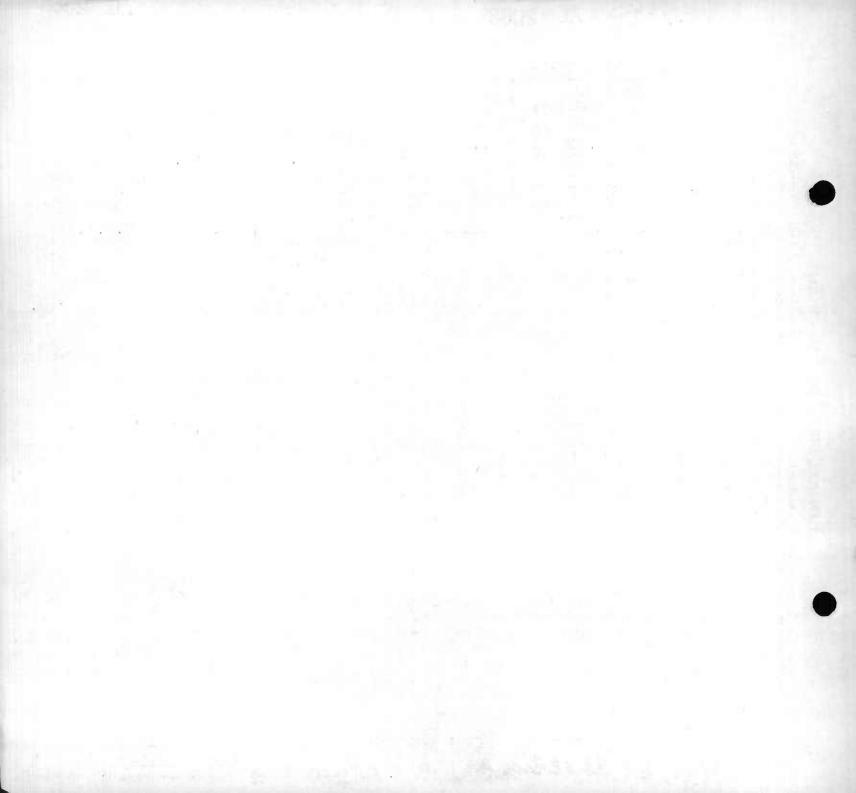




VS 150-REV. 1/1/68



1	1>	71	0000	BALTIMORE CITY	HEALTH DEPARTMENT		71 2063		
K	7-650	/1	2063	CERTIFICA	TE OF DEATH	REG. NO.			
1, N	TH NO.	ASED			2, DATE AND HOL	JR OF DEATH			
(Ту	pe or Print)	annie Brown	n		Feb. 26, 1971				
3.		IMORE MARYLAND, W		JNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission)				
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland				
HC	SPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?				
0					Baltimore	YES	X NO .		
U	20	02 W. Fayet	tte St.	•	E. STREET AND NUMBER		6-04		
	-	(12		2002 W. Fayett		/		
5. 5		6. RACE		NEVER MARRIED	tost bir	thdoy) Moi	Under 1 Yr. It Under 24 Hrs. nths Doys Hours Min.		
	Pemale	Negro	WIDOWED		3-26-91 11. BIRTHPLACE (State or foreign cour	19	CITIZEN OF WHAT COUNTRY?		
don	e during most of w	vorking life, even if retired)	NOS. KIND OF	BUSHNESS OK INDUSIKI					
	Retired				Burnsville, Va	•	U.S.A.		
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDEN NAME				
15. (Ye:	Wos Deceosed	Ever in U. S. Armed For (It yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	no			14-01-6777	Linwood Brown	2038 Wa	lbrook Ave.		
_	1B. / 1	11.91		CAUSE OF DEATH		2070 110	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	(This does no	E OR CONDITION DII LEADING TO DEATH at mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE Consertur front	Larly	3 days		
		asthenia, etc. It means plicotian which coused		552.10, 54.76		^			
		NTECEDENT CAUSES		2 10	e los levelines of	O south	and the state of		
	DISEASES O	R CONDITIONS, if	anv. aivina	(B) DUE TO, OR AS	A CONSEQUENCE OF:	1reven	Green years		
	rise la lhe	abave cause (A)		a . File o	- a l	100000111	men V I Carel		
	UNDERLYING	CONDITION last.		(c) (c)	oschrosis with he	mainson	EVO1 7 9 900 V		
NO	OTHER SIGNIE		NIDIRLITING						
ATIO	TO THE DEATH	H BUT NOT RELATED TO T	HE TERMINAL						
CA		OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FIND	NGS CONSIDERED		
CERTIFIC	0	WAS PER	FORMED		IN C	ERIIFTING CAUSES	OF DEATH?		
CAL CE	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAUSE OF medical examines] 21 B. hom etc.)	ie, form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Bottimore City	r, give exact location)		
MEDIC		(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?			
×	(APPROX.)		Whi	ile At Not While					
		.1=. (1) (.1 := 1 := 1 := 1			21-96- 19/01	0 0	10 9/1		
		that (I) (this haspital		0		ta 2 - 1	death accurred on the date		
		last saw the decease		. /		my) (aur) apinian	death accurred an the date		
			ted abave. (I) (We) (did) (did_not) v	iew the bady after death.				
	23A. SIGNATU	RE		Amo	nding Med. Staff [23 B.	DATE SIGNED		
	John &	.J. Eunder	C. M.	DEGREE Phys	Director L Phys. L		3-1-7/		
	PHYSICIAI				23D. ADDRESS	0/1			
	78	HNETC	AMP	FR M. D. DEGREE	639 1. Carry St 1	Baltining	may 1 21 2 12/4		
24/	BURIAL CREA	AATION, 248. DATE	24C.N	AME of CEMETERY OF CRE	MATORY 24D. LOCATIO	ON (City, to:	wn, or county) (Stote)		
	Buria		L Car	ever Memoria	l Park Laure	l, Maryla	nd		
25/			258 NAME C		25C. FUNERAL DIRECTOR		ADDRESS		
MA	R2 0	TRUE	A Maria	1000	Kelson Runeral	rnon Bail Home 134	8 N. Calhoun		
HEZ_					Carried Allerta Carried	- 4	THE WINDS		



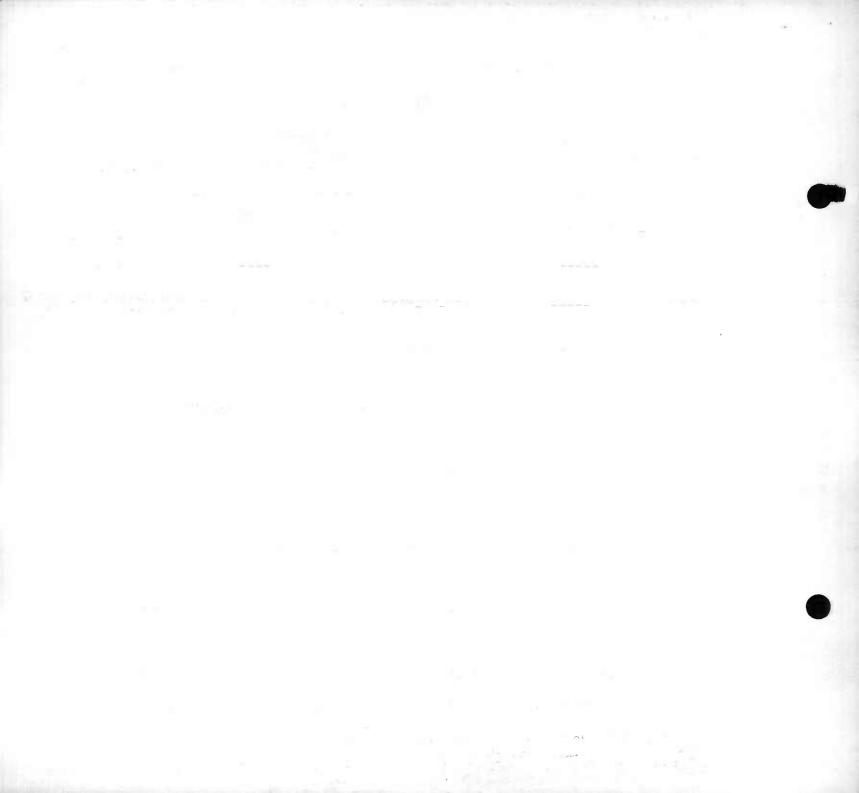
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DIRECTOR:

FUNERAL

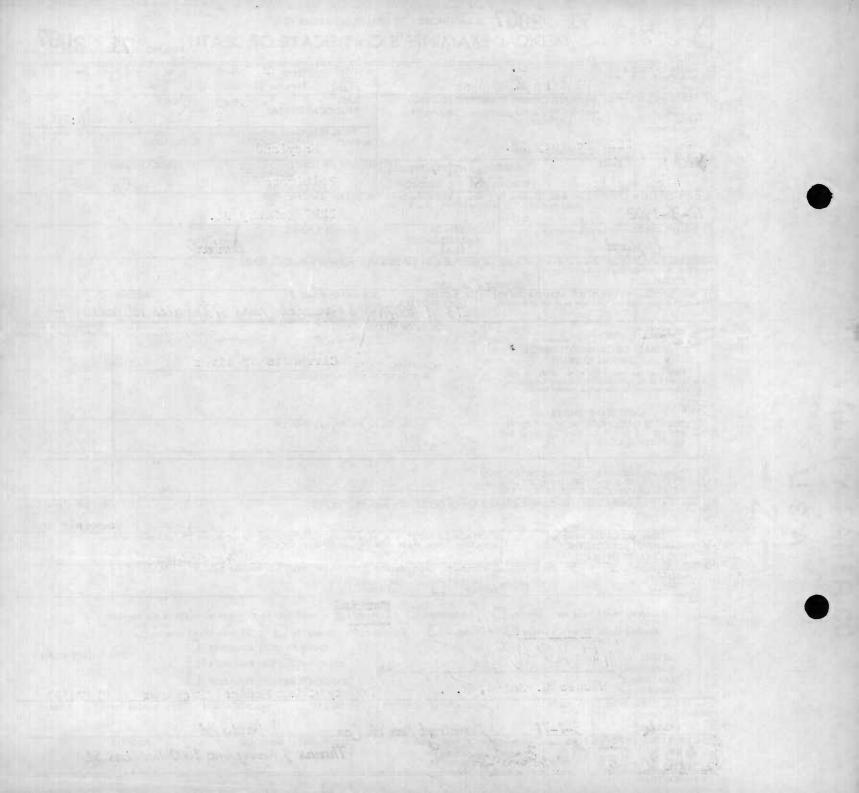
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	H NO.	71 20	00	CERTIFICA	TE OF DEATH	REG. NO	, 3	2066
	ME OF DECEASED	Richard	P Cor	vda.		AND HOUR OF DEATH		1 11 -
3. PL	ACE IN BALTIMORE				4. USUAL RESIDENCE (W	tary 26,1971	stitution: reside	ence before admission
FULI	100			UTION, GIVE STREET	Maryland C. CITY OR TOWN		IDE CITY LIMIT	7-03
	2516 N. Cal	vert Stre	at		Baltimore		YES 🔀	NO 🗌
1	Baltimore,	Maryland			E. STREET AND NUMBER 2516 N. Calve	rt Street Ba	lto.,Md	. 21218
	Male Ca	ucasian	WIDOWED		8. DATE OF BIRTH 2/2/1880	9. AGE (In years last birthdoy)	If Under I Months Day	Yr. If Under 24 Hr
one	USUAL OCCUPATION during most of working I Retired - Sa	fe, even if retired)		BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or for Maryland	reign country)		OF WHAT COUNT
3. F	ATHER'S NAME				14. MOTHER'S MAIDEN N	AME		
				(Unknown)	-		(Un	nknown)
es, 1	as Deceased Ever in no ar unknown) (If yes, NO	U. S. Armed Fare give war at date:	es? s of service)	16. SOCIAL SECURITY NO. 215-12-5375	17. INFORMANT	Ва	ltimore,	DRESS Md. 21207
- 11	8. 44 5 7	7		CAUSE OF DEATI	Mrs. Ruth Leit	ch, 6510 Wi		11 Road,
Allon	DISEASES OR COI	which caused DENT CAUSES NDITIONS, if concepts of cause (A) DITION last. ONDITIONS CONCOTRELATED TO THE N GIVEN IN PART	eny, giving slaling the	(B) Clerely DUE 10, OR AS (C) Genera	al Articie A CONSEQUENCE OF:			willy
1	A DATE OF OPERAT	WAS PERF		WHICH OPERATION	20A. AUTOPSY? (Yes or)	IN CERTIFYING CA	INDINGS COLUSES OF DEA	N SIDERED
DOW CEKINE	TA. ACCIDENT WAS R CONTRIBUTING DEATH (notify medical	UNDERLYING CAUSE OF	21 B. ham etc.	e, form, factory, street, all	or obout 21 C. WHERE DID	-	e City, give exc	
200	I D. TIME (Manth) IF INJURY APPROX.)	(Day) (Year)		INJURY OCCURRED Ile At Not While R Not Work	21 F. HOW DID IN	JURY OCCUR?		
+1	hot (I) (we) l ast so	w the decease	d alive an		19.7/ond t		nlon deoth a	ccurred an the do
	nd haur and fram t	he couses state	ed above. (1) (We) (did) (did not) vi	ew the body after deoth	, m	23B. DATE SI	GNED
2	3C.PHYSICIAN'S	h. Ogd		4. C DEGREE Phys	Med. Director 3D. ADDRESS	Shoff Phys.	El	.26,1971
	NAME (Type)	Frank N		DEGREE	2701 N. Calver			
	BURIAL CREMATION	24B. DATE	24C. N	ME al CEMETERY er CRE	MATORY 24D.	LOCATION (Cit	y, tawn, ar cor	unty) (State)
4A.	REMOVAL (Specify)						,,	,
	REMOVAL (Specify) Burial DATE REC'D BY HEA	3/2/71		oudon Park Cem	etery]	Baltimore, Ma		, colored



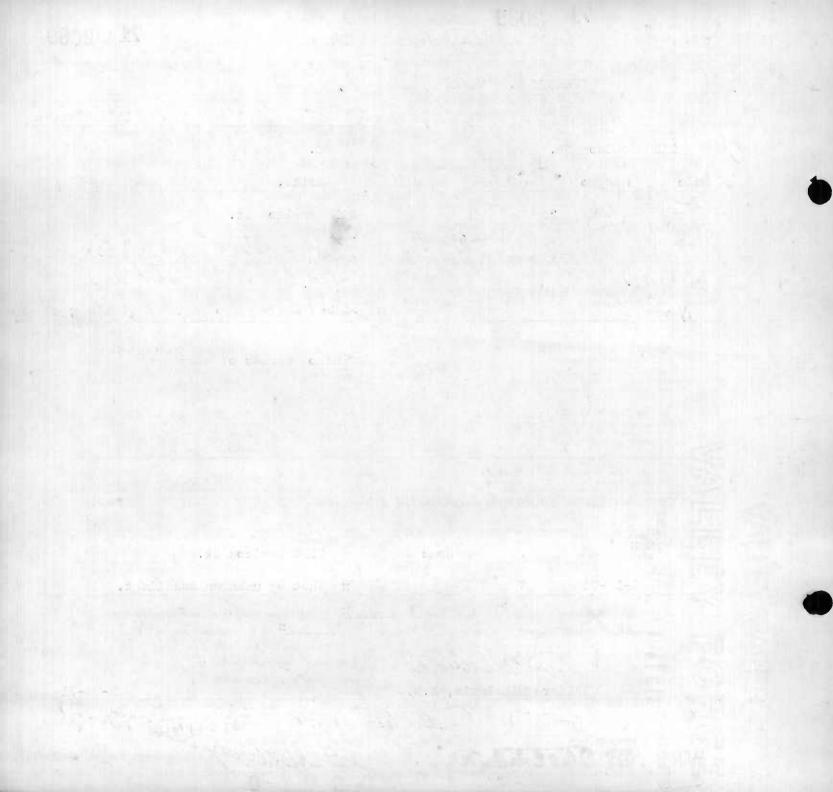
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VS 151-REV, 7/1/68

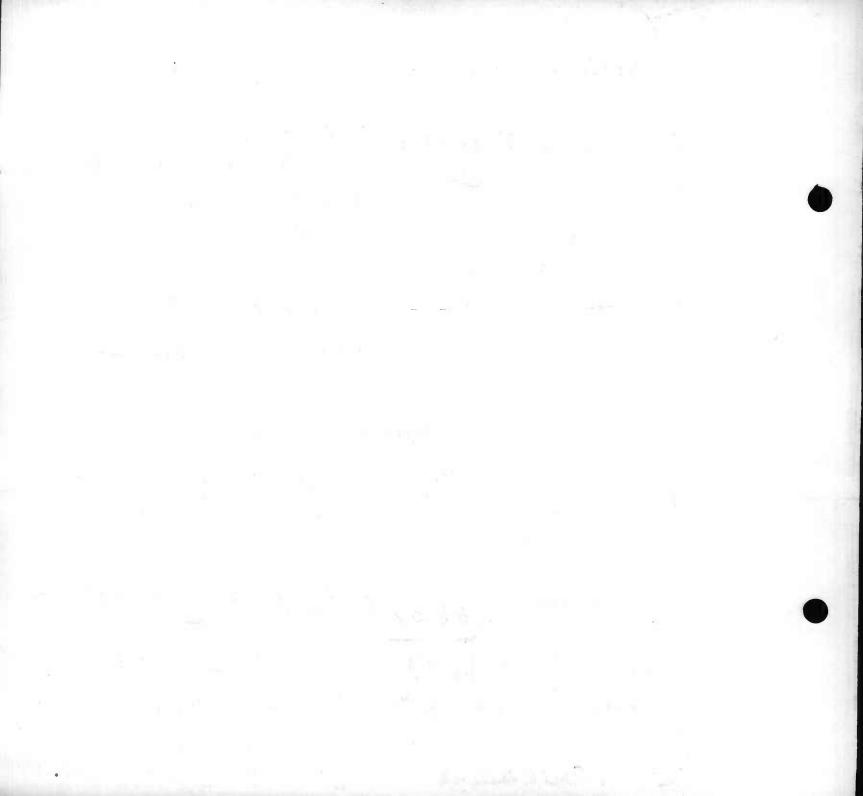


) 70 /- 51	0000	BALTIMORE CIT	Y HEALTH DEPARTMENT		74 0000
BIRTH NO.	F \$000	CERTIFICA	ATE OF DEATH	REG. NO.	17 5008
1. NAME OF DECEASED	. ,	1	2. DATE AN	D HOUR OF DEATH	
Max	rate X	rdonn	Tele	uary 28, 19	971 5151
3. PLACE IN BALTIMORE, MARYLA	NO, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (When	o decardsed lived Il inst	itution: residence before odm
FILL NAME OF STRUCT OF			A. STATE B. COUN	11	
HOSPITAL OR ADDRESS OF	HOSPITAL OR INSTITUT R LOCATION)	ION, GIVE STREET	C, CITY OR TOWN	10 1111	CONT. LINE OF
This is the same of the same o		/	Bett		E CITY LIMITS?
6 Und a blat	6 1	1 - h . Too.	E. STREET AND NUMBER	e/	YES NO NO
Juno 14 fr	une H	Cegnian C	8221 alt	out Cour	t-10-02
5. SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. , if Under 2
Emile Cotere	WIDOWED	DIVORCED	Map 11 1901	69	Months Days Hours
IOA USUAL OCCUPATION (Give kind	of work 108, KIND OF 8	USINESS OR INDUSTR	Y 11. BIRTHPNACE (State at forei	on country)	12. CITIZEN OF WHAT CO
done during most of working life, even if r	(berite		10	, ()	
Houselle			D. Carole	ral	
13. FATHER'S NAME		,	14. MOTHER'S MAIDEN NAM	AE	
TIMAN, X.	donal		(1/m -in	12-12	
15. Was Decaded Ever in U. S. Am. (Yos, no or unknown) (If yes, give war	red Forces?	6. SOCIAL	17. INFORMANT	mn,	ADDRESS
(Tos, no or unknown) (If yes, give war	or dotes of service)	SECURITY NO.	61 1.1	1	01
			alimebelle (Trusteen.	1709/ Hed
18,4410,01		CAUSE OF DEA	TH //		APPROXIMATE INTE
DISEASE OR CONDITIO					BEIWEEN ONSET AND
LEADING TO DE		(A)IMMEDIATE CA	USE CORDMARY ?	HKOMBOSIS	1 RIMEDIA
This does not mean the mo	de of dying, e.g.,		A CONSEQUENCE OF:		
heart failure, asthenia, etc. It injury or camplication which a	mouns mo disease,				
		41.14	LEOTEN (DIAK)		-
ANTECEDENT CA			ER TENSION		
DISEASES OR CONDITIONS	if any, giving	DUE TO, OR A	A CONSEQUENCE OF:		
rise to the above cause UNDERLYING CONDITION to	(A) stoling the	IN CARNIE	VASCULAR DI	SEARB	_
		(c)_cure-vi	7.03.000000	XiA	
Z OTHER SIGNIFICANT CONTROL	IC CONTRICTION				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE	D TO THE TERMINAL				
DISEASE OR CONDITION GIVEN	IN PART 1 (A).	1011 0.000 (7000)	100.1		******************
DISEASE OF CONDITION GIVEN 19A. DATE OF OPERATION 19B WA	S CONDITION FOR WHAT IS PERFORMED	IICH OFERATION	20A. AUTOPSYT (Yes or No.	10 CERTIFYING CAUS	IDINGS CONSIDERED
					· war
OR CONTRIBUTING CAUSE O		ACE OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(if in Boltimore (City, give exact location)
DEATH (notify medical examiner)	etc.)	The second of the second of	The state of the s		
21D. TIME (Month) (Doy)	(Year) (Hour 215 to	NJURY OCCURRED	21F. HOW DID INJ	IN OCCUP	
S OF INJURY	While		1	TRI OCCUR!	
(APPROXI	Work	At Work	~ L		
22. I certify that (i) (this ho	spital) attended the	deceased from	11/25 1	967_to2	125 195
		A a da ab			
that (i) (we) last sow the de			•	it in(my) (aur) opinio	in death accurred an the
and hour and from the cause	s stated above. (i) ((We) (did) (did nat)	view the body ofter death.		
23A. SIGNATURE				2	B. DATE SIGNED
100 00					
ALU VA A ALU VI	Rome 1	Att	ending Med.	Shoff	21 . 1-1
23C PHYSICIANS	Regions	DEGREE	s. Director	Stoff Phys.	3/1/7/
23C. PHYSICIAN'S NAME (Type)	Regress	DEGREE	23D. ADDRESS	Phys.	3/1/7/
23C. PHYSICIAN'S NAME (Type) ALBIENT	Regions	E CT MD		BALTIMOS	3/1/7/ E MD 2/205
ALBEAT L	LAFOR	EST MODEGREE	23D. ADDRESS \$22N. BOND 57	BALTIMOS	
ALBERT L		EST MD DEGREE	23D. ADDRESS \$22N. BOND 57	BALTIMOS	
ALBEAT L 24A. BURIAL CREMATION, 24B. DA REMOVAL (Specify) Senson 3/4	4/7/ 24C. NAN	EST MODEGREE	23D. ADDRESS \$22N. BOAD 57 EMATORY 24D. LC	BALTIMOS	
ALBIEAT 24A. BURIAL CREMATION, 24B. DA REMOVAL (Specify)	4/7/ 24C. NAN	EST MODEGREE	23D. ADDRESS \$22N. BOND 57	BALTIMOS	
ALBEAT L 24A. BURIAL CREMATION, 24B. DA REMOVAL (Specify) Senson 3/4	4/7/ 24C. NAN	EST MODEGREE	23D. ADDRESS \$22N. BOAD 57 EMATORY 24D. LC	BALTIMOS	lown, or county) (Sto
ALBIFAT 4A. BURIAL CREMATION, 24B. DA REMOVAL (Specify) Sensore 3/9	4/7/ 24C. NAN	EST MODEGREE	23D. ADDRESS \$22N. BOAD 57 EMATORY 24D. LC	BALTIMOS	lown, or county) (Sto

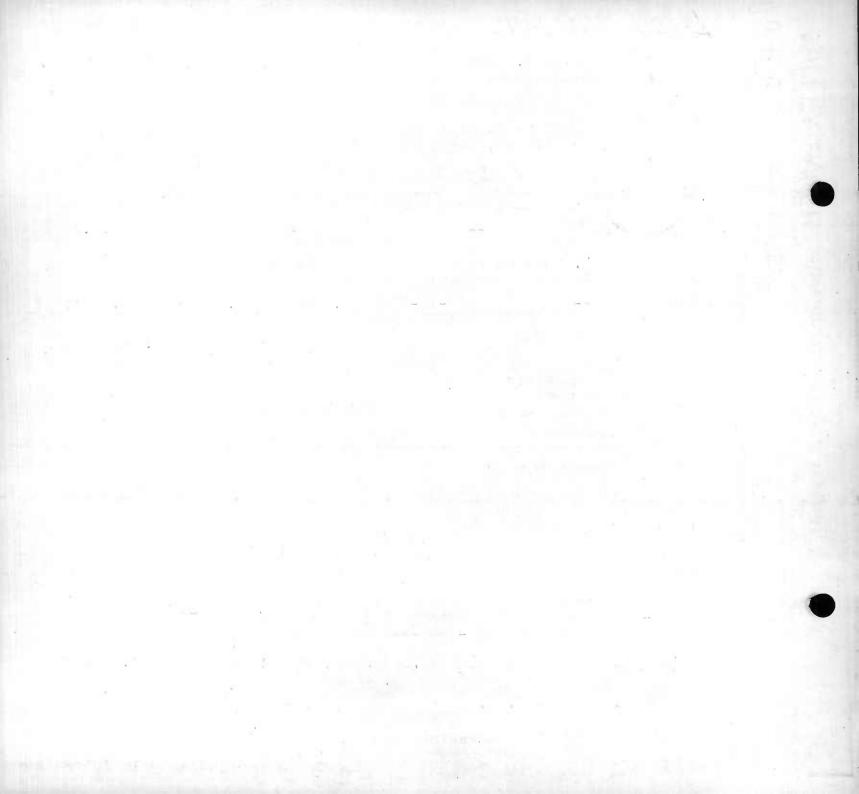
7-422 BIRTH NO.	MED	ICAL EX	AMIINEK 3	CERTIFIC			REG. NO		
. NAME OF DECEASED Type or Print)	EVERET'	T L. FOWI	LKES	2. DATE OF DEATH	Known Estimoted	Month	Doy	Year	lour 'A
PLACE IN BALTIMORE	, MARYLAND, W	HERE PRONOU	JNCED DEAD	3. DATE	INICED DEAD	Month	Doy	Yeor 1	lour
IOSPITAL AI	DDRESS OR LOCA		N, GIVE STREET	PRONOU	INCED DEAD	2	25	1971	2:50 p,
2130 Boul				A. STATE	SIDENCE (Where		ed. If Institution B. COUNTY	n: residence bef	
SEX 7. RAC	E	B. MARRIED	NEVER MARRIED	CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
male ne	egro	WIDOWED -	DIVORCED		Balto.		V	s 🗵 No	П
DATE OF BIRTH	10. AGE (In lost birthdo)	yeors If Under	er 1 Yr. If Under 24 Hr s. Doys Hours Mir	1.	ND NUMBER N Boulton		13	-04	
1. BIRTHPLACE (State or f	Oreign country)		HAY COUNTER	13. FATHER		Tour	Louis	ek	c .
4A. USUAL OCCUPATION one during most of working li		148. KIND OF BU	SINESS OR INDUST	RY 15. MOTHER	S MAIDEN NA	ME C	1) at	Rin	
6. WAS DECEASED EVER			7. SOCIAL SECURITY NO.	18- INFORM	IANT Luo	Ben	AL AL	DDRESS C	cotile
19. 4	E Y		CAUSE OF DE	ATH	-0-20	· St.	- of		MATE INTERVAL
E/4								BETWEEN	ONSET AND DEA
	ONDITION DIRECT ON THE CONTRACT OF THE CONTRAC	CTLY							
	O IO DEATH			Cune	hot wound	de of h	and		
heort foilure, asthenic injury or complication	the mode of dy o, etc. It meons the which coused dec ENT CAUSES	diseose,	DUE TO, OI	CAUSE Guns R AS A CONSEQ	hot wound	ls of h	ead		
ANTECED DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON	o, etc. It meons the which coused dec ENT CAUSES IDITIONS, IF ANY E CAUSE (A) STAT NDITION LAST.	diseose, oth.)	DUE TO, OI		UENCE OF:	ls of h	ead		
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ANTECED DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDITION 20A. DATE OF OPERA	o, etc. If meons the n which coused deo ENT CAUSES IDITIONS, IF ANY E CAUSE (A) STAT NOITION LAST. I CONDITIONS CC NOT RELATED TO TION GIVEN IN PA	, GIVING ING THE	(B)(C)	R AS A CONSEG	DUENCE OF:	ls of h	ead	21. AUTOPS	
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DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON DISEASE OR CONDITION TO THE DEATH BUT DISEASE OR CONDITION TO THE DISEASE OR CO	o, etc. If meons the n which coused deo en whi	, GIVING THE ONTRIBUTING THE TERMINAL IRT 1 (A). VIDITION FOR W 228. PL, home, fi	(B) DUE TO, O (C) ACE OF INJURY(e., form, foctory, street, of home	NAS PERFORM	DUENCE OF: DUENCE OF: ED 2C. WHERE DID NJURY OCCUR?	(If in Boltimor	e City, give exo	уе	
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DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON DISEASE OR CONDITION TO THE DEATH BUT DISEASE OR CONDITION TO THE DISEASE OR CONDITION TO	o, etc. If meons the n which coused dec which coused dec ENT CAUSES IDITIONS, IF ANY E CAUSE (A) STAT NOTION LAST. II I CONDITIONS CONTRELATED TO THE ATED TO THE	ONTRIBUTING THE TERMINAL INT 1 (A). VIDITION FOR W VIDITION FOR W VIDITION FOR W VIDITION FOR W On a control of the terminal of the termi	(B) DUE TO, O (C) ACE OF INJURY (e.c. form, foctory, street, of home INJURY OCCURRED INSPECTION AT AT Inspection AT	R AS A CONSECUTIVE PROPERTY OF THE PROPERTY OF	ED 2C. WHERE DID NURY OCCUR? 2130 Boul 2F. HOW DID IN Shot by U ond that on the control of the	(If in Boltimor Lon St JURY OCCU Inknown his bosis, Undetermine EXAMINER	e City, give exo IR? assail deoth in my med manner [ye ant.	ATE SIGNED



	R-52/ 71 2070		HEALTH DEPARTMENT TE OF DEATH	REG. NO.	71 2070
	1. NAME OF DECEASED (Type or Print) MAPU ATLER	LINE PAN	SRUPG 2. DATE AN	HOUR OF DEATH	12052
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (What A. STATE B. COUN	e deceased lived. If institution	on: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION	TON, GIVE STREET	C. CITY ORTOWN	D. INSIDE CI	TY LIMITS?
	MANAPILIAND REI	U. HOSP.	FOREST HIL	YES	□ №Ф
			305 FOR	EST VALLE	Y DR.
	6. RACE 7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years II L lost birthdoy) Mor	Inder 1 Yr. II Under 24 Hrs. Hours Min.
	10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF B done during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	gn country) 12.	CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Rual Arthu			nith	
	(Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 220-32-3680	HOSP. Wide	sheet	ADDRESS
	18. 4	CAUSE OF DEATH		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Thoragio, and	wusu, aosta, a	limaction I his
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	may and	all the second
	injury or camplication which caused death.)			9	, ,
	ANTECEDENT CAUSES	(B)	***************************************		
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(c) HUM	A CONSEQUENCE OF:	ASCUD.	Syns.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 192. DATE OF OPERATION WAS PERFORMED	Superior	mesentarie o	ert emboli	1 3 d
	19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED	IICH OPERATION	20A. AUTOPSY? (Yes or No	10 CERTIFYING CAUSES	IGS CONSIDERED
	U 21A. ACCIDENT WAS UNDERLYING 21B. P	form, foctory, street, off	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Boltimore City,	give exect location)
	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E II	NJURY OCCURRED At Not While	21F. HOW DID INJ	URY OCCUR?	1
	22. 1 certify that (1) (this hospital) attended the	deceased from	hel !	71 . Jel	28 1071
	that (1) (500) lost sow the deceased alive on	ter 28		ot in (my) (Sor) opinian	death accurred an the date
	and hour and from the causes stated above. (1)	(did) (d id not) vi	ew the bady after death.	los P	DATE SIGNED
	Kail h mechy	DEGREE Phys.		Shoff Phys.	2/28/7,
	23C. PHTSICIANS NAME (Type) ARL F. MECH	AJR NO).	30. ADDRESS Md. Ger	w. Hoop,	
- 41	REMOVAL (Specify)			OCATION (Gily, tow	rn, or county) (Stote)
		aine Park		oodlawn, Mar	yland
	MAR 3 1971 P.A. P. S. NAME OF	The state of the s	Donovan Fun	eral Home 38	18 Roland Ave
1	MAN O DI VADENTE CH MADE	75.64	11 7 11 6	*	



	1			BALTIMORE CITY	HEALTH	DEPARTMENT		
BIR	# NO.	71 8	2071	CERTIFICA	TE O			71 2071
	pe or Print)		M. Loh	ır			uary 27, 1	971 8:00 A. M
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUA	L RESIDENCE (Wh	ere deceased lived. If ins	stitution: residence before admission)
HC	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	M	aryland		
IN:	NOITUTITE	2017	Cnoama	nt Avenue		altimore	D. INSI	DE CITY LIMITS?
147)			Maryland		T AND NUMBER	12	TES A NO
1		Dalti	11101.6	nar yrand		61 West	31st Stree	t 21211
5. 9	SEX	6. RACE	7. MAPPIEDY	NEVER MARRIED	B. DATE		9, AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Fo	male	White	WIDOWED	_ =	Jun	6, 1901	last birthdoy)	Manths Days Haurs Min.
				BUSINESS OR INDUSTRY		PLACE (State or for	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	12, CITIZEN OF WHAT COUNTRY
dan		warking life, even if retired)			Mo	Luo Fren		TT C A
12		ewife		•		ryland	AAP	U.S.A
13.	FATHER'S NA		2/		14. MOII			
		1. Spr	y Moor	,⊖		Pearl	Insley	
		Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDRESS
	No			220-18-9760	Mr.	Chester	E. Lohr 2	61 W. 31st St
-	18.	2 . 23 .		CAUSE OF DEAT				APPROXIMATE INTERVAL
	DISEAS	SE OR CONDITION DI	RECTLY					BETWEEN ONSET AND DEATH
		LEADING TO DEATH		/ANIMMEDIATE CAL	SE Ad	enocarci	noma of sig	gmoid l yr.
		at mean the made af osthenio, etc. It meons		DUE TO, OR AS	A CONSEC	UENCE OF: CO.	Ion	
		plication which caused						
		ANTECEDENT CAUSES		(=)				
	DISEASES C	OR CONDITIONS, if	ony, giving	DUE TO, OR A5	A CONSE	QUENCE OF:		
		e abave cause (A) G CONDITION lost.	stating the	()				
	UNDERLINA			(C)				
Z	OTHER SIGNIE	II FICANT CONDITIONS CO	NITRIPLITING					
ATIO	TO THE DEAT	H BUT NOT RELATED TO THE	HE TERMINAL					
		ONDITION GIVEN IN PAR OPERATION 198, CON	DITION FOR	WHICH OPERATION	20 A. A	UTOPSY? (Yes or N	lo) 208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
ERTIFIC	11/25		colon	enocarcinom	la	No	IN CERTIFYING CAL	JSES OF DEATH?
ü		NT WAS UNDERLYING] 21B.	PLACE OF INJURY (e.g.,	n ar obaut	21C. WHERE DID	(If in Baltimare	e City, give exact lacation)
¥		TING CAUSE OF medical examined	hom etc.)	e, form, foctory, street, of	nce blag.,	INJURY OCCUR?		
100	21 D. TIME	(Month) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED		21 F. HOW DID IN	JURY OCCUR?	
¥ WE	OF INJURY			ile At Nat Whil				
	(APPROX.)		Wa	rk L At Wark	Ш	_	Dal	07 77
	22. I certify	that (1) (this-hospital		he deceased fram F		ry	19 69 ta Per	Jruary 2/, 19 /1
	that (I) (wa)	last saw the decease	d alive an	February 25	19	and t	hat in (my) (ਰਹਾ) api	nian death accurred an the date
	and have an	d fram the causes stat	redrabave. (I) (We) (did) (did-not) v	iew the l	oady after death.		
	23A. SIGNATE	IRP A	1	^				23B. DATE SIGNED
	7	VALIA -	Angul	A M A Atte	nding K	Med.	Staff Phys.	Feb. 28, 1971
	23 C. PHYSICIA	IN'S	7000	II / DEGREE	23 D. ADD I		11170	
	NAME (T	70 0 7	W D		200	2 0		
244	Lloyd	MATION, 24B. DATE	M. D.	DEGREE	390	2 Greenm		
244	REMOVAL (Specify)	240, 147				LOCATION (CII	ty, tawn, or county) (State)
	Buria	1 3/2/7					Baltimore,	Maryland
254	A DATE REC'D	BY HEALTH DEPT	25B. NAME C	OF REGISTRAR	25C. I	UNERAL DIRECTO	R	ADDRESS
1	AAK 8	Walter &	Vay Cer	Man On a	Pan	ovan Fun	eral Home	3818 Roland Ave
V5	150-REV. 1717	6.R	-		God	7 - 9		



6009 Harford Rd. - Balto. Md.

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

. The test of the

Parks Inc.

Lance

Sacred Heart of

25B. NAME OF REGISTRAR

Baltimorem

WALTER DABROWSKI 1005 DUNDALK AVENUE

ADDRESS

25C. FUNERAL DIRECTOR

Buria 1

VS 151-REV, 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

2-2**7-7**1

- Nove - IN ANOT

TOWARD ST JOHN ON CO. House 7 6

J. F. Sterrey war.

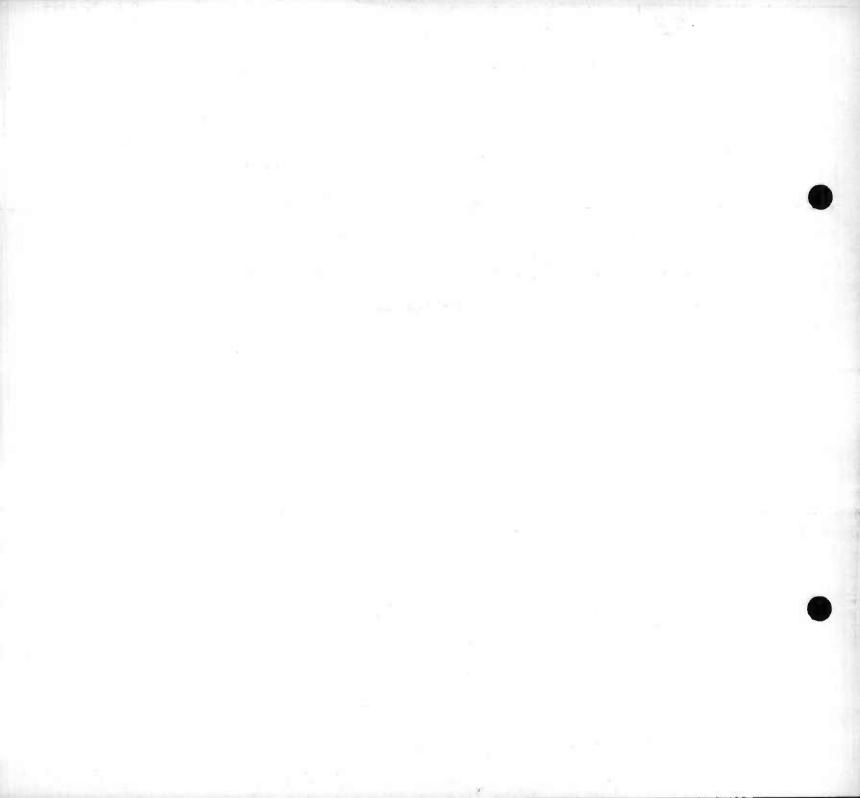
, ,	71	2075
K-530		MEDICAL

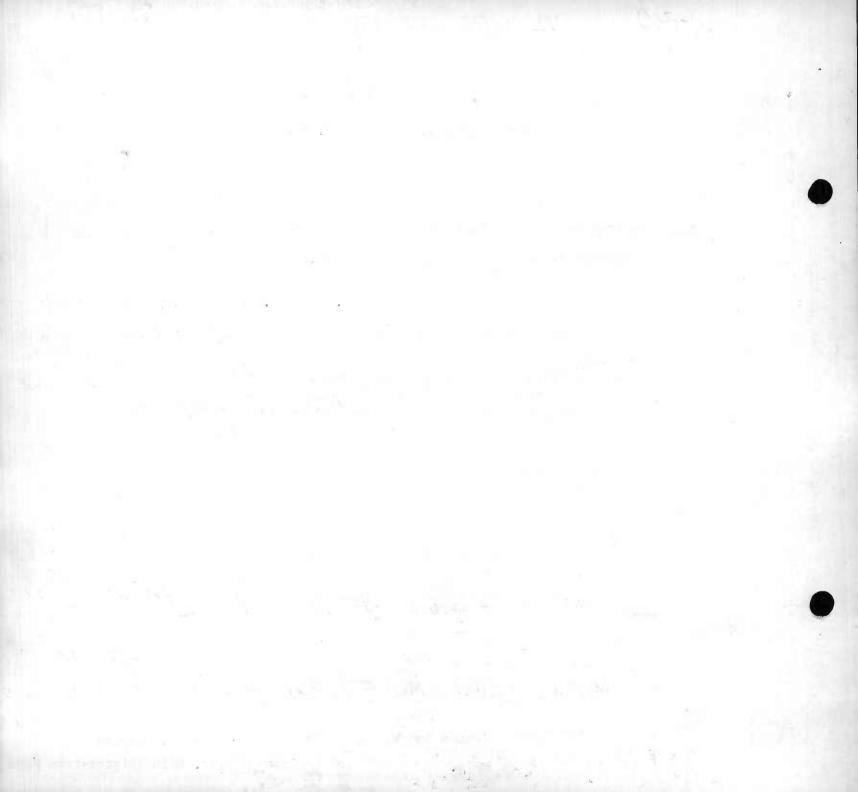
2 53/1	TY HEALTH DEPARTMENT
MEDICAL EXAMINER	S'S CERTIFICATE OF DEATH REG. NO. 71 2075
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JACOB KENNEDY	2. DATE Known Month Doy Yeor Hnur OF DEATH Estimoted Month
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD February 27,1971 5:25 P.M
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
SOUTH BALTO. GENERAL HOSPITAL (D	OA) A. STATE Maryland B. COUNTY
6. SEX 7. RACE . B. MARRIED NEVER MARRI	ED . C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORC	ED Baltimore YES NO D
9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr. If Under Months; Doys, Hours	24 Hrs. E. STREET AND NUMBER
11-25-38	119 W. Henriette Street
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
South Carolina WHAT COUNTRY?	Joe Caldwell
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR IN	DUSTRY 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	Dessie Kennedy
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) 217-38-	7783 Mary Kennedy 132 W. Cross St.
19. CAUSE O	F DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Chro	nic pericarditis
LEADING TO DEATH	DIATE CAUSE
	O, OR AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	O, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED 21. AUTOPSY? (Yes or No)
O /	yes
U INDEPIVING TOP CONTRIB. home, form, foctory, stre	Y (e.g., in or obout 22C. WHERE DID (If In Boltimore City, give exact location) et, office bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
OF INJURY	PRED 22F. HOW DID INJURY OCCUR?
m. WORK	AT WORK
23. I certify that I held an Inquiry Inspection	Autopsy 🗵 ond that on this basis, death in my opinion
resulted from: Natural causes Accident	Suicide Homicide Undetermined monner
ACTUAL IIILANILANILANI	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE III	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Werner U. Spitz, M.D. NAME (Type) Deputy Chief Medical Exam	ASSOCIATE MEDICAL EXAMINER 2/29/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEM	miner 2/28/71 ETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Charles A. Rice 661 W. Barre St.
MAR & BITT Olober E. Harbon M.D.	

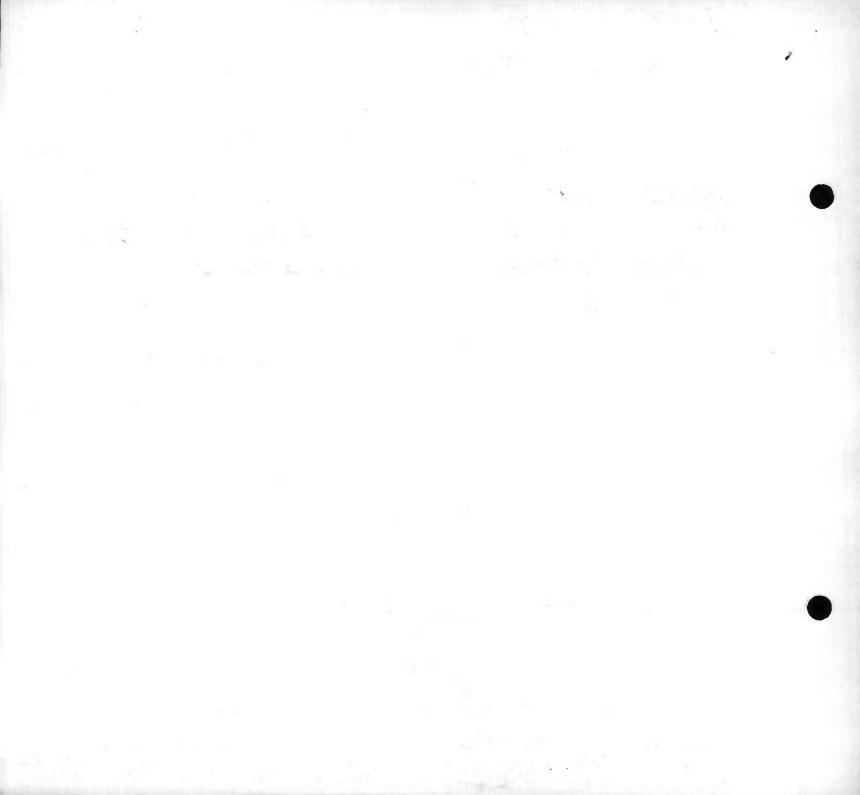
Sterent , testil. H. Literta, dargins. Charles A. Flos Bel W. Lares Mt.

1	2-653		BALTIMORE CITY HE		
1	5 600	MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH REG, NO. 71 2076	
BI	RTH NO.			KEO, 110, - (1-22 - 750 + 0-	
	NAME OF DECEASED	R. Fred	Grandison Jr.	2. DATE Known \(\Day \) Yeor Hour OF DEATH Estimoted \(\Day \)	
4.	PLACE IN BALTIMORE, N			3. DATE Month Doy Year Hour	M
HC	LL NAME OF (IF N	OT IN HOSPITAL OR INS	TITUTION, GIVE STREET	PRONOUNCED DEAD 3 2 71 6:45 a.	N
		d General Ho	spital	S. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY Maryland)
6.	SEX 7. RACE		HED TNEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
				Baltimore YES NO D	
9	male color	10. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	-
	1/23/21	lost birthdoy) 50	Months Doys Hours Min.	512 Roberts St. / 4-03	
11.	BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF	13. FATHER'S NAME	
	Virginia		WHAT COUNTRY?	Fred. R. Grandison	
144		ive kind of work 14B. KINE		15. MOTHER'S MAIDEN NAME	-
dor	e during most of working life,	even if retired)		KKKKKKKKKKKKK Magnolia Pittman	
14	WAS DECEASED EVER IN	VIIS ADMED CODCE	57 17. SOCIAL	18. INFORMANT ADDRESS	
	s, no or unknown) (If yes, give	wor or dotes of service			
_		111		Bernice Minter Philadelphia, P.A.	
	19.4174		CAUSE OF DEA	TH APPROXIMATE INTERV BETWEEN ONSET AND D	
16	DISEASE OR CON	DITION DIRECTLY			
B	LEADING 1		Arterio	sclerotic cardiovascular disease	
	(This does not mean the	e mode of dying, e.g.,	(A)IMMEDIATE O	AS A CONSEQUENCE OF:	
	heart loilure, osthenio, e injury or complication w	tc. II meons the disease, hich coused deoth.)			
	ANTECEDEN		(8)		
ы	RISE TO THE ABOVE C	IIONS, IF ANY, GIVING AUSE (A) STATING THE		AS A CONSEQUENCE OF:	
7	UNDERLYING COND	ITION LAST.	(c)		
Ιõ			(0/		
CERTIFICATION	TO THE DEATH BUT NO	II DINDITIONS CONTRIBU DI RELATED TO THE TERM IN GIVEN IN PART 1 (A)	INAL		
듩			FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No	7
	0	CONDINON	TOR WHICH OFERATION W	no no	7
EDICAL	22A. EXTERNAL CAUSE UNDERLYING ☐ OR COLUTING ☐ CAUSE OF DE	NTRIB-	22B. PLACE OF INJURY (e.g., home, lorm, foctory, street, offic	in or obout 22C. WHERE DID (II in Boltimore City, give exact location) e bldg., etc.) INJURY OCCUR?	
Z		(Doy) (Year) (Hou	22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	_
	OF INJURY (APPROX.)	()		WHILE	
	23.		m. WORK AT W		
	I certify that I	held on Inquiry [Inspection Au	topsy and that on this basis, death in my opinion	
	resulted from:	Natural couses	Accident Suicid	le Homicide Undetermined monner	
	11/1		(1)	CHIEF MEDICAL EXAMINER	
	ACTUAL	AMXIA	7//	ASSISTANT MEDICAL EXAMINER	
н	SIGNATURE	1111	M.D		
	EXAMINER'S NAME (Type)	Town on IT Co	a de Chi	ASSOCIATE MEDICAL EXAMINER ☐ eputy Chief Medical Examiner 3/2/71	
24	A. BURIAL CREMATION,	Verner U. Sp	24C. NAME of CEMETERY		_
RE	MOVAL (Specify)				
	Burial	3/17/71	Pittman	Windsor, Va.	
1000	A. DATE REC'D BY HEALT	DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	-
	MAR 3 9079	12 R & D 2	0. 1202 :	Charles A. Rice 661 W. Barre St.	
-	, 000 0	months to do	words of the	Owning we wied out Me Daile Dr	2
V5	151-REV. 7/1/68		1 (1		

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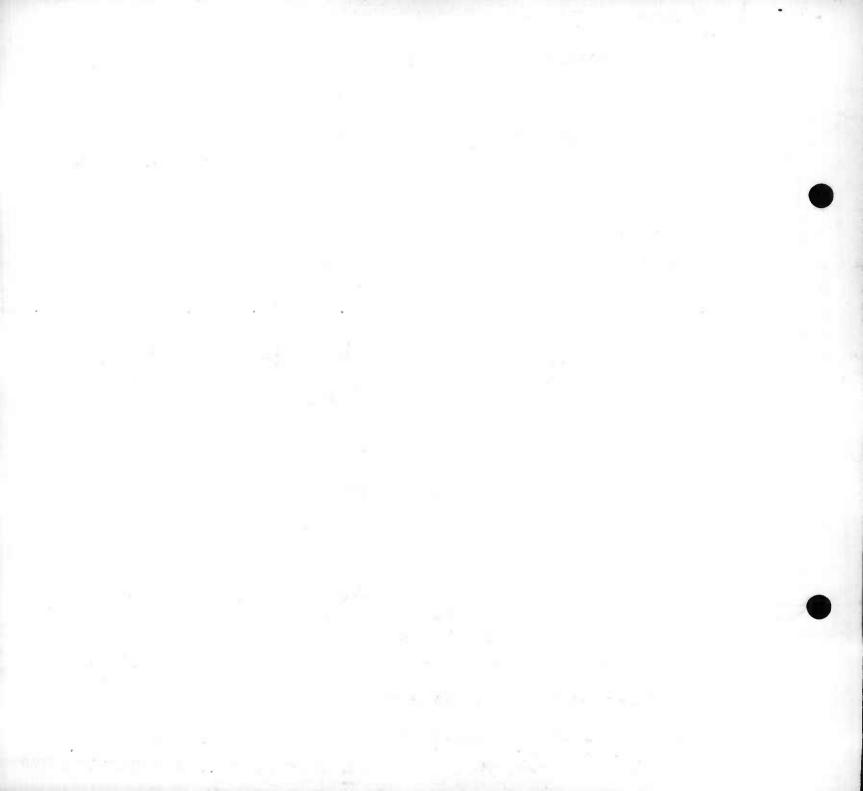




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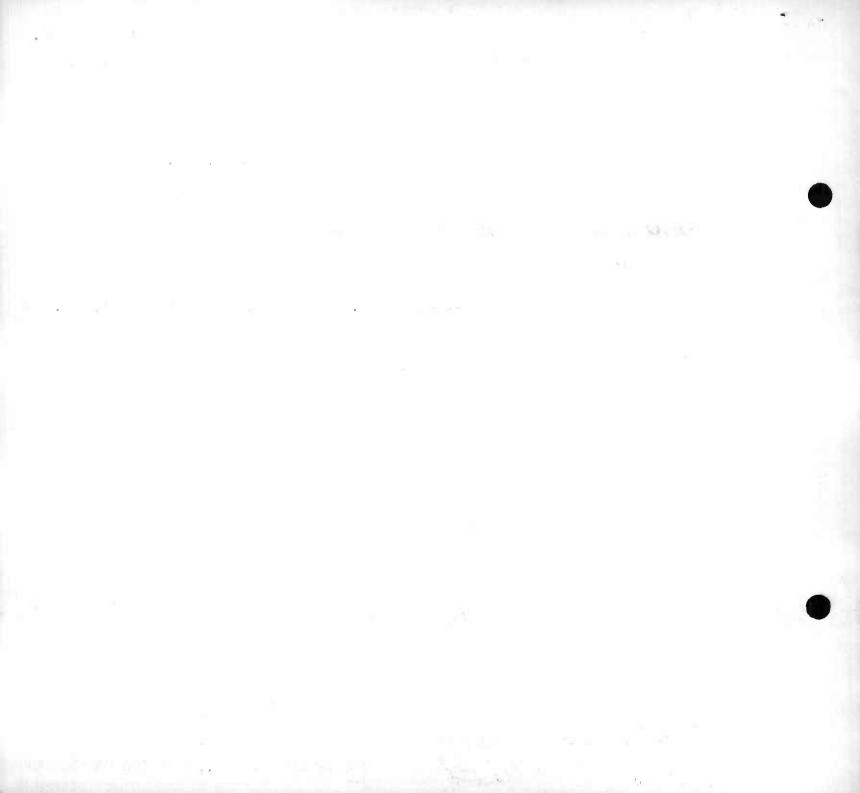
DIRECTOR:

FUNERAL

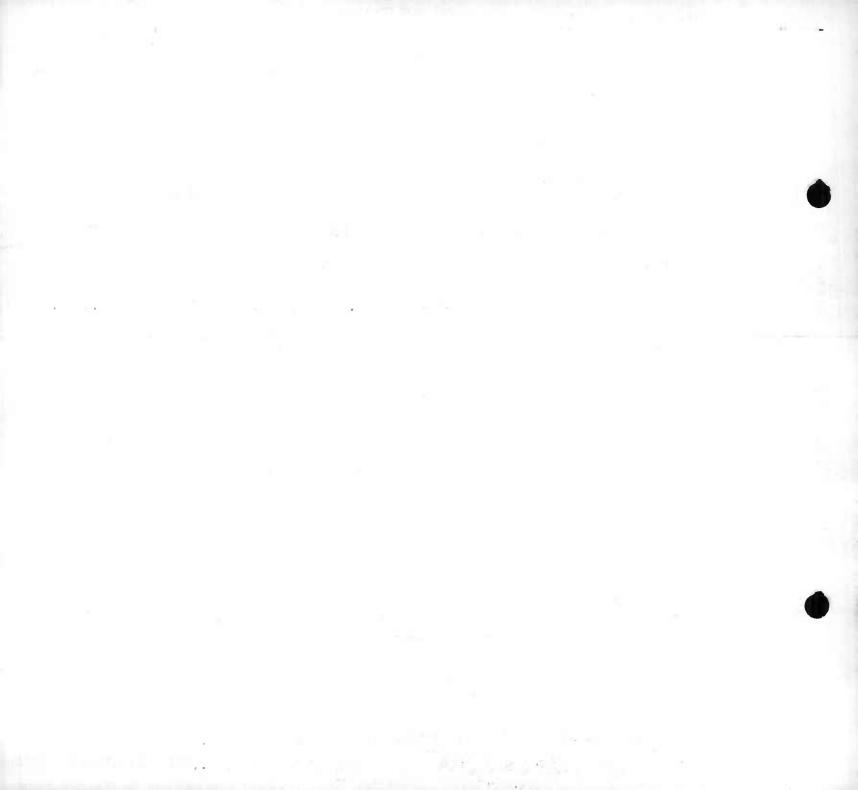


Such

1	~ .	/ 71	2081	BALTIMORE CIT	Y HEALTH DEPARTMENT					
-	-621 RTH NO.		2001	CERTIFICA	ATE OF DEATH	REG. NO	71	2084		
	Pe or Print)	GER	SKOT	T. IRVIN	2. DATE A	ND HOUR OF DEATH	. /	, 25 2		
3.	PLACE IN BALT	TIMORE MARYLAND,					natitution: resider	nce before educacione		
FI	JLL NAME OF OSPITAL OR ISTITUTION	filmer a	TAL OR INST	ITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased fived, It institution: residence before admission) A. STATE B. COUNTY OC. CITY OR TOWN D. INSIDE CITY (IMITS?					
3	SINAI	HOSPITAL			BALTIMORE YES NO DE. STREET AND NUMBER 6614 VINCENT LANE, APT. 302 #21215					
5.	SEX	6. RACE	7. 44 4 DDIG	D NEVER MARRIED	8. DATE OF BIRTH					
	VALE	WHITE	WIDOWE	DIVORCED	4 xxx 1900	///	If Under 1 Y	Hours Min.		
do	A, USUAL OCCU	PATION (Give kind of wor rorking life, even if retired)	10B KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or los	reign country)	12. CITIZEN	OF WHAT COUNTR		
	RETIAL FATHER'S NAM	RETAIL	M	ERCHANT	RUSSIA		U.S	. A		
'"					14. MOTHER'S MAIDEN NA	AME				
		GERSKOV			SARAH ?					
15. (Ye	Was Deceased s, no of unknown)	Ever in U. S. Armed Fo (If yes, give wor or dot	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			DRESS		
	NO			26-16-6388A	MR. MAX GERSKO	V, 6614 VINC	ENT LANE	, APT. 302		
CERTIFICATION	(This does not heart failure, or injury or comp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	E OR CONDITION DI LEADING TO DEATH of mean the made of asthenia, etc. (I means olication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITIONS CO I BUT NOT RELATED TO 1 NOTITION GIVEN IN PAI OPERATION 1798. CON OPERATION 1798. CON OPERATION 1798. CON	dying, e.g. the diseased death.) any, giving stating the TERMINAL IT 1 (A).	(B) M TO DUE TO, OR A	USE CH.F. A CONSEQUENCE OF: SA CONSEQUENCE OF: SA CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	ASCVD	861/WE	PROXIMATE INTERVAL		
RTIF	0 -	WAS PER	FORMED		20	IN CERTIFYING CA	USES OF DEAT	H?		
CAL CE	21A. ACCIDENT OR CONTRIBUT DEATH (notify r	T WAS UNDERLYING TING CAUSE OF	21 ho etc	me, form, factory, street, a	in or about 21C, WHERE DID office bidg, INJURY OCCUR?	(If in Boltimor	re City, give exoc	ct location)		
MEDI	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	w	E INJURY OCCURRED hile At Not Whi ork At Work	21 F. HOW DID IN	JURY OCCUR?				
	22. I certify t	hat (1) (this hospita) attended	the deceased from 2	111.71	.19 <u>7/to</u>	7.791	19 7/		
		ast saw the decease			28-19and the	hat In(my) (our) op!				
			ted abave.	(I) (We) (did) (did not)	view the body after death.					
	23A. SIGNATUR	h n /	-1	P-			23B, DATE SIG	NED		
	0	11-BALA	mari	DEGREE Phy		Staff Phys.	2.2	8.71		
L	23 C. PHYSICIAN NAME (Typ	nobanna	D BAL		SINAT HO	SPIMAL	of BAL	PIMORE		
24/	REMOVAL (Sp	ATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Ci	ly, lown, or cour	nly) (Stote)		
	MOVAL-BU	RIAL 3-2-71		TZ CHAIM	D	ANVILLE, VIR	GINIA			
25/	WATE RCD	1977 Pober 1		OF REGISTRAR	SOL LEVINSON	R	A	TOWN ROAD		
VS	150-REV. 1/1/68	3		20						



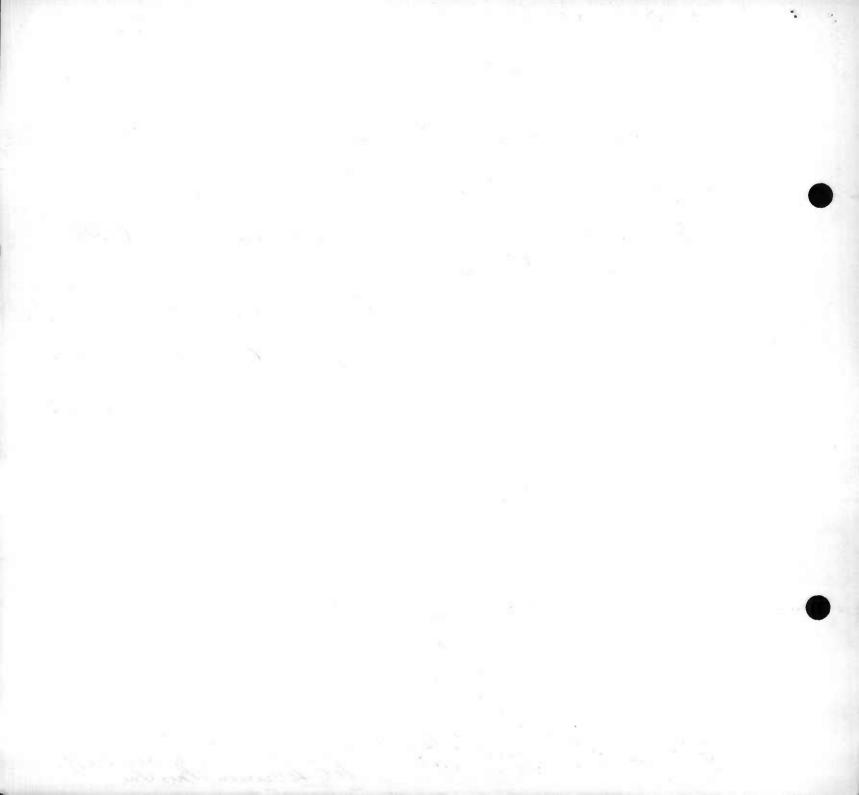
1	M-600	0 71	2082)	HEALTH DEPARTMENT	REG. NO.	No. a			
1,	RTH'NO.	EASED		CERTIFICA	TE OF DEATH	AND, HOUR OF DEATH	71 2082			
	ype or Print)	taume		LEVER	3/	1/71	14.45 0			
FU	PLACE IN BALT	(IF NOT IN HOSMI ADDRESS OR LOC	AL DR INSTIT	UNCED DEAD	A. USUAL RESIDENCE (Where decessed lived, If institution: residence before admission) A. STATE B. COUNTY C. CITY OR TOWN D.)NSIDE CITY LIMITS?					
	SiNAi			- 134c 7784cm	6950 Br	ook will	YES NO D			
ı		XXXXXX	WIDOWED		B. DATE OF BIRTH 1905	65 XXXX	Il Under 1 Yr. If Under 24 Hrs. Months Deys Hours Min.			
dos	ne ouring mest et w	PATION (Give kind of work working life, even if retired) SEWIFE	AT HO		11. BIRTHPLACE (Stole or for	neign country)	12. CITIZEN, OF WHAT COUNTRY?			
13.	FATHER'S NAM SIMON	CHUPRECK			14. MOTHER'S MAIDEN N MINNIE	AME				
15. (Ye	Was Deceased s, no or unknown) NO	Ever in U. S. Armed For Uf yes, give wor or date	ces? s of service)	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
_	18. // / /			214-14-9968	MR. ALEC MEYER	R, ≭ 6950 BROO	KMILL RD., APT. 1A			
ATION	DISEASES OF SIGNIFIC OTHER SIGNIFIC	ol mean the mode all asthenia, etc. I) means olication which caused with the course of	the disease, deoth.) any, giving stating the	(B) ASCVI)	Phuric Co A CONSEQUENCE OF: CHF. Air	many inter	riency			
	DISEASE OR CO	OPERATION GIVEN IN PAR OPERATION 198 CON WAS PERF	T 1 (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or)	10) 208 IF YES, WERE F	INDINGS CD NSIDERED USES OF DEATH?			
-	OK CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medico) exominei		e, torm, toctory, street, oil	or about 21C. WHERE DID	(II In Boltimore	City, give exect location)			
MEDI	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Not White At Work	21F. HOW DID IN	JURY OCCUR?				
	that (we) I	hot (this hospital)	d olive on	3/1/21	19ond t		Ion death occurred on the date			
	23A. SIGNATUR	" Kup &	obove. (2)	DEGREE Phys.	ew the bady after death.	Staff Phys,	23B. DATE SIGNED			
	NAME (Typ	AIV	TOCK	DEGREE	3D. ADDRESS frug	Horfuth	4			
	BURIA!	L 3-1-71		ME of CEMETERY OF CREA		OSEDALE, MARY	, town, or countyl (State)			
	150-REV. 1/1/6	1971 Pales	258. NAME E. JAB				REISTERSTOWN ROAD			



IMPORTAN

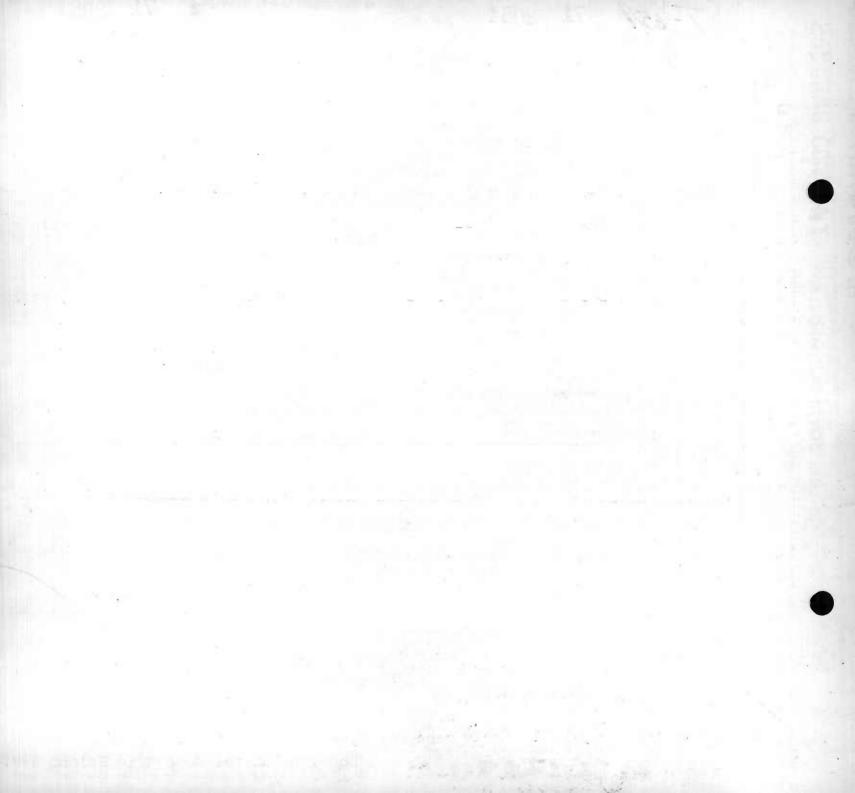
DIRECTOR:

FUNERAL



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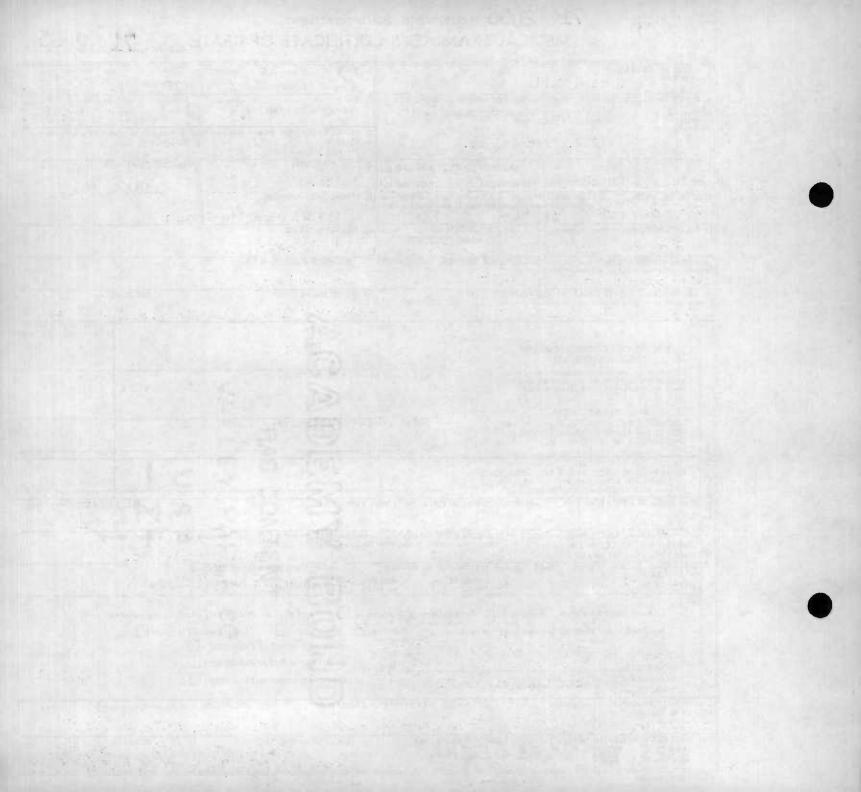
FUNERAL DIRECTOR:



25C. FUNERAL DIRECTOR

ADDRESS

25A. DATE REC'D BY HEALTH DEPT



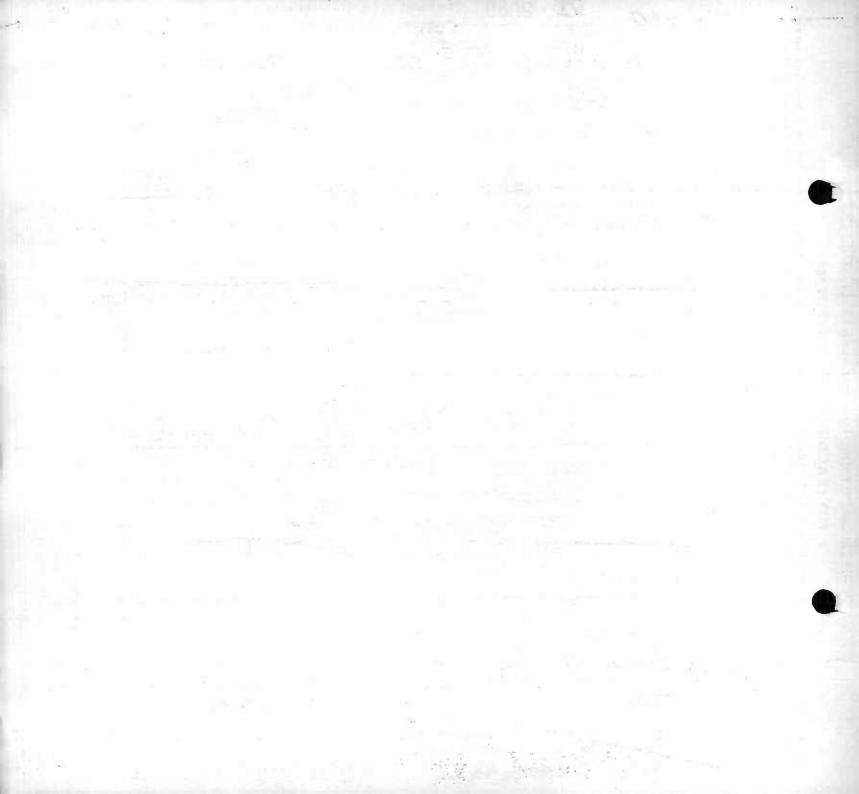


	H-620 71 2087	BALTIMORE CITY HE EXAMINER'S			DEAT	'H	ma	0005
	BIRTH NC.	-// (///// (-// (-// (-// (-// (-// (-/		AILOI	DLAI	REG. NO		2087
	NAME OF DECEASED		2. DATE	Known	Month	Doy	Yeor	Hour
1	Type or Print) Helen Harris		OF DEATH	Estimoted	2	28	71	12:35 pM
1	. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	L IV
E	FULL NAME OF (IF NOT IN HOSPITAL OR INSTI HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	ITUTION, GIVE STREET		NCED DEAD	2	28	71	12:35 p,
1	1329 N. Fulto	on Avenue	A. STATE	SIDENCE (Where	deceased l	B. COUNTY	on: residenc	e before odmission)
12	SEX 7. RACE 8. MARRI	ED NEVER MARRIED	C. CITY OR T	OWN		D. INSIDE	CITY LIMITS	?
1	female Negro WIDOW	_	Balt	0.			vec 🗀	м П
9	DATE OF BIRTH 10.AGE (In years	If Under 1 Yr. II Under 24 Hrs.	E. STREET AN	ND NUMBER			YES 📙	ио Ц
i.	Oct. 28,1953 lost birthdoy)	Months Doys Hours Min.	10	20 N T			150	00
		2. CITIZEN OF	13. FATHER'S	29 N. Fu.	Lton A	venue	10	- od
ľ		WHAT COUNTRY?						
ŀ	Va•			Harris				
d	4A.USUAL OCCUPATION (Give kind of work 148, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		MAIDEN NA				
ı.	Student		Mildred	Brooks,				
Ī	6. WAS DECEASED EVER IN U.S. ARMED FORCES (es, no or unknown) ((I yes, give wor or dotes of service)	17. SOCIAL SECURITY NO.	18. INFORMA	INT		-	ADDRESS	
I.	No No	None	Mildred	Harris	1329	N. Ful	ton St	
1	19. // CAUSE OF DEATH							APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY Bronchopneumonia							TWEEN ONSET AND DEAT
B	(This does not meen the mode of dying, e.g.,	(A)IMMEDIATE C	AUSE					
ŀ	heart loilure, osthenio, etc. it meons the disease, injury or complication which coused death.)	DUE TO, OR A	S A CONSEQU	ENCE OF:				
1	ANTECEDENT CAUSES	(B)						
r	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(B) DUE TO, OR	AS A CONSEQU	ENCE OF:				
li,	1 UNDERLYING CONDITION LAST	(c)						
1		(0)						
3	CC) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTO							
i	20A. DATE OF OPERATION 20B. CONDITION F	OR WHICH OPERATION WA	SPERFORME	1			21 AUT	OPSY? (Yes or No)
								t es
113	22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ◯ CAUSE OF DEATH.	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, office	bldg., etc.) INJ	WHERE DID (URY OCCUR?	If In Bolttmo	re City, give ex	oct locotion)
	22D. TIME (Month) (Doy) (Year) (Hour)	22E.INJURY OCCURRED	22F	. HOW DID IN.	URY OCC	UR?		
	OF INJURY (APPROX.)							
	23.	1					753	
Ł	I certify that I held on Inquiry	Inspection Aut	opsy XX	ond that on th	is basis,	death in my	opinion	
	resulted from: Notural causes	Accident Suicid	e Hom	icide 🔲 🛚 t	Jnde termi	ned monner		
	1	1. 541	CH	HEF MEDICAL E	XAMINER			
	ACTUAL SIGNATURE	MUL M.D.	ASSIST.	ANT MEDICAL E	XAMINER			DATE SIGNED
	EXAMINER'S Peter Lipko			ATE MEDICAL E		××	2	/1/71

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) 3/4/71 Mt. Auburn Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR 4609 Park Heights Ave.

ct. ,1 Ţ 177 ATLE CO. LOT and principles when the terminal and the stempt

015	BALTIMORE CITY	HEALTH DEPARTMENT		71 2088
6-6/3 71 2088	CERTIFICA	TE OF DEATH	REG. NO.	19000
1. NAME OF DECEASED (Type or Print) MAMIS RAFFIN 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE 1. NAME OF DECEASED (Type or Print)	CED DEAD	3/34	HOUR OF DEATH	19:31 Pm
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)			HIM OLE	itution: residence before admission) E CITY LIMITS?
UNION MEMORIAL HOSPITAL		E. STREET AND NUMBER	1 m m 0c 0	YES NO [
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., If Under 24 Hrs.
FEMALE NEGRO WIDOWED	DIVORCED	12-03-54	lost birthday)	Manths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BU done during most of working life, even if refired)	SINESS OR INDUSTRY	11. BIRTHPLACE (Stops or forei	gn coentry)	12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME		14 MOTHER'S MAIDEN NAM	A	
15. Was Deceased Ever in U. S. Armed Forces? 16	SOCIAL	KU / A CAM	IP	400000
(Yes, no or unknown) (If yes, give war or doles of service)	SECURITY NO.	Ruth Griffin,	1636 Mount	more Court
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		SE TUMMINATY A CONSEQUENCE OF:	Just/4	5
DISEASE OF CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21C. PLA home, felc.)	CE OF INJURY (e.g., Ir orm, foctory, street, of	or obout 21C. WHERE DID	(If In Baltimore	City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. FNJ OF INJURY (APPROX.) While A	URY OCCURRED Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
22. 1 certify that (1) (this hospital) attended the dithat (1) (we) lost saw the deceased alive on	eceased from		9 7 to	2 2 19 /
and hour and from the causes stated above. (1) (W	e) (did) (did not) vi			
23A. SIGNATURE LEGELY LEGELY		nding Med.	Staff Phys.	3R DATE SIGNED 2/24/1)/
23C. PHYSICIAN'S NAME (Type) NONHED IM. LE GUM	UI) DEGREE	3D. ADDRESS VNION 1	MEGORIAL	HOSPITAL
	of CEMETERY or CRE			town, or county) (State) ryland
MAR 3 97 Caba E Salla	GISTAN	25C. FUNERAL DIRECTOR Kenneth H. L.	aw, 4609 Par	ADDRESS rk Heights Ave.
VS 150-REV. 1/1/68	I Lat	1 1 2		



IMPORTAN DIRECTOR: FUNERAL approved 4. USUAL RESIDENCE (Where deceased lived, If institution: residence belove admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES X NO If Under 1 Y. Months: Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? 4314 GATHLA-IUD AC APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (out) apinion death occurred on the date 23B, DATE SIGNED (City, town, or county) 106 WISLBROOK AUE

IMPORTANT

DIRECTOR:

FUNERAL



Ш,		BALTIMORE CITY	HEALTH DEPARTMENT						
BIR	SHYNO. 52 71 2097	CERTIFICA	TE OF DEATH	REG. NO.	71 2092				
	pe or Print MAIR V	Pencer	3/1/	71 9	1730 1 11				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A USUAL RESIDENCE (Where	deceased lived. If institu	ution: residence before admission)				
FU	LL NAME OF STATE OF IN HOSPITAL OR IN ADDRESS OR LOCATIONI	STITUTION, GIVE STREET	C. CITY OR FOWN	Altinos	CITY LIMITS?				
-	To 11 41 V 11	1 +1	Bultimon	ee vi	ES NO 🗆				
30	10 000 1 10 prins 14	ospum	E. STREET AND NUMBER	DONALD	ST				
5. \$	SEX 6. RACE WIDOW WIDOW	TED NEVER MARRIED	B. DATE OF BIRTH	AGE Un years If	Under 1 Yr. If Under 24 Hrs.				
	USUAL OCCUPATION (Giverhind of work 108, KING		11. BISTHPLACE IState or foreign	i country!	2. CITIZEN OF WHAT COUNTRY?				
	House working life, even it refired)		alalan	in .	USA				
	FATHER'S YAME	10.	POOD, P) Or 11 more	_				
152 (Yes	Wes Locoused of U. S. Armed Forces? s,no or unknown) Wes, give war or dates of servi	SECURITY NO.	17. INFORMANT	1. L	ADDRESS				
L	10	CAUSE OF DEAT	ames He	Hur De	APPROXIMATE INTERVAL				
	DISEASE OF CONDITION DIRECTLY	CAUSE OF DEATH		- 1	BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	(A)IMMEDIATE CAL	SE MYDEM	is Tata	rection 3 horn				
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	DUE TO, OR AS	A CONSEQUENCE OF:						
	injury or complication which caused death.)		1	+ 1	- 12 1				
	ANTECEDENT CAUSES	(B) (D)	ANARY AN	et Disen	Se UNKNOW				
	DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating		A CONSEQUENCE/OF:						
	UNDERLYING CONDITION last	(c)							
NOUN	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE								
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A-AUTOPSY? (Yes at No.)	208 IF YES, WERE FINE	DINGS CONSIDERED				
CAL CE	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Incity medical examines	21B PLACE OF INJURY le.g., i home, form, factory, sireet, o	n er about 21 C. WHERE DID	(II in Baltimore C	lity, give exact location)				
4000	21D-TIME IMonth) IDoy) (Year) 1Haud	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
2	IAPPROXI	While At Work Not While At Work			- / /-				
	22. # seculty that (1) (th)'s hospital) attended the deceased from								
	tha (1) (we) last saw the deceased alive			th (my) (aur) opinia	in death accurred an the date				
	and hour and from the causes stated abay	a (1) (1(a) (did) (did not)	lew the bady after death.						
	25. STON OTHER &	My M.D. Ath	onding Med. 5	toff president	DATE SIGNED				
1	23C. PHYSICIAN'S NAME IType)	TO TO REE	23D. ADDRESS	-23	311111				
	ROSERT A. VIGERSKY	M.O. DEGREE	Jolhus HOD	Kins Hos	SOITAL				
24/	A. BURIAL CREMATION, 248, DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City.	Wwn, or county) (State)				
15	Jurial 3-6-21	Chilles (out 1	Mulus	ADDRESS				
1	MAR 8 187 ULGALE & SEL	NE OF REGISTRAR	25C, FUNERAL DIRECTOR	1000 Bin	attor ke				
VS	150-REV. 1/1/68		- In the state of	STOP STREET					

Hamps mittlell Some Hetert Lower

Burial 3-671 achitic Cost achier min Dianting to

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NAME (Type) 24A, BURIAL CREMATION,

REMOVAL (Specify) sevral 25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

24B. DATE

24C. NAME of CEMETERY or CREMATORY

258. NAME OF REGISTRAR

Deputy Chief Medical Examiner

24D. LOCATION

25@2FUNERAL DIRECTOR

2/28/71

(State)

(City, town, or county)

ADDRESS

Octor 1917 Lande Car ULA Doon House Septe 28 20 30 Catherine E Haure Lane Berne 3421 Wheten Oak Whiten me Miller Millery on Brandit

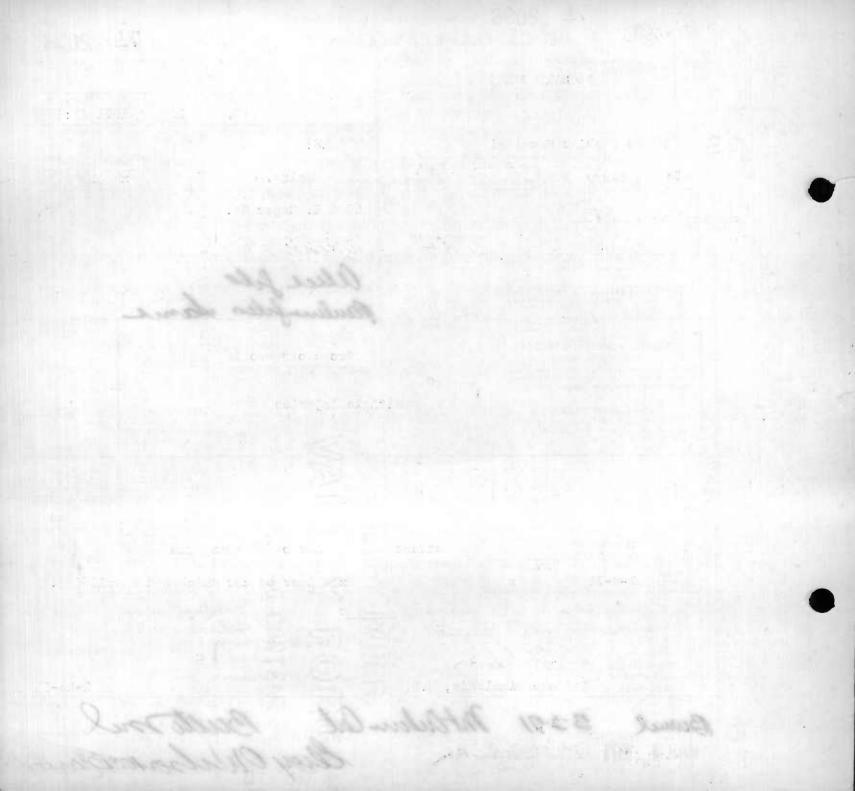
1	T	BALTIMORE CITY	HEALTH DEPARTMENT			
В	7-636 71 2094 IRTH NO.		TE OF DEATH	REG. NO	71	2094
	Sype or Printi Turnor Char	105	2. DATE AN	D HOUR OF DEATH	1 . 0	1 1-111 -
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	DEAD	4. USUAL RESIDENCE (Who	to deceased lived, If in	stitution: residon	co before admission)
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	MD. OL	Chimose		
-	RAPA HUII NI	4	c. CITY OR TOWN		YES 4	No []
	poetor 111/ Mersing	None	E. STREET AND NUMBER	nonden	12	16-01
5.	SEX 6. RACE 7. MARRIED NE		B. DATE OF BIRTH	9. AGE (In yours last birthday)	Il Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
10	A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN	DIVORCED LI	11. BIRTHPLACE (Şlote or lorei	an country)		OF WHAT COUNTRY?
L	one during most of working life, even if refired)		Baltmere	md.		WAY COOKING
,,,	A hard	0-	4 MOTHER'S MAIDEN NAM	Æ.		
15. (Ye	. Was Deceased Ever in U. S. Armed Forces? SE vario or unknown) (If yos, give wor or dates at service)	CIAL	7. INFORMANT	e/	ADD	RESS
	21	CURITY NO.	Takom	whom &	tune	
		AUSE OF DEATH	104/14	0.01- 0	APPI	ROXIMATE INTERVAL EN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAUS	5 00 mm. A	their comme	X	11
	(This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO, OR AS A	CONSEQUENCE OF:	my reum	×/ ×	4-40
	ANTECEDENT CAUSES	c.R.	0 0	P.		
-	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS A	CONSEQUENCE OF:	Clan	- 2	lus -
	UNDERLYING CONDITION last.	(c) A S (V deseare	-	7	Cens
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				1	
CATION		***************************************				
CERTIF	19A-DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yes of No.)	208, IF YES, WERE FI	NDINGS CONS SES OF DEATH	IDERED ?
A	ZIB PLACE	OF INJURY (e.g., in loctory, street, office	or about 21 C. WHERE DID	(II In Baltimare	City, give exact	locotion)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJUR	Y OCCURRED	21F. HOW DID INJU	RY OCCUR?		
S	(APPROX.) While At Work	Not While At Work			/	
	22. I certify that (I) (this hospital) attended the dece	osed from		7/10	.2/2	7 19 21
	that (1) (we) lost sow the deceased alive on	(414) (414 = 27) -12	7.19.7/ ond tho	t in (my) (our) apini	on deoth occ	urred on the dote
	23A. SIGNATURE	(ara) (ara nor) Are	w the body offer deoth.	1	23B. DATE SIGN	IED 1
	30 AUXUGANI	DEGREE Phys.	Director P	hys.	2/2	15/8
	23C. PHYSICIAN'S NAME (Typo) ALLAN H. MBEHT	MD 231	O. ADDRESS	SX AI	and al	
244		DEGREE CEMETERY OF CREM	ATORY 24D. LO	CATION (City,	town, or count	y) (Stote)
26:	Burlal 3-371 nto	Mans !	Cut 1	219/A	1 ml	- Mel
25A	MAR 3 1971 Publis E. Jaiber M.		25C. FUNERAL DIRECTOR	1 mm m	AD	DRESS
Ve	150-PEV 1/1/48		W SUBON	-1017 KM	end the	The

Cine 5-97 The less little of the second seco

A 2095 BALTIMORE C	ITY HEALTH DEPARTMENT		
MEDICAL EXAMINER		DEATH	100 4
BIRTH NC.	CO CERTIFICATE OF	REG. NO	71 2095 -
1. NAME OF DECEASED (Type or Print)	2. DATE Known 🖔	Month Day	Yeor Hour
WILLIAM H. DOWNEY	OF DEATH Estimoled	2-24-71	м
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD	February 24	, 1971 9:15 P.M
OR INSTITUTION	5. USUAL RESIDENCE (Where	deceased lived. If instituti	ion: residence before odmission)
2416 Liberty Heights	A. STATE Maryland	B. COUNTY	
6. SEX 7. RACE 8. MARRIED NEVER MARR			CITY LIMITS?
Male Negro WIDOWED DIVORC	Baltimor	e	YES NO
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under lost birthdoy) Months; Doys, Hours	24 Hrs. E. STREET AND NUMBER		11006
95 95 II		erty Heights	10-00
II. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME	n .	
1 onuleur ush	William	Jounes	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR IN done during most of working life, even ill retired)	DUSTRY 15. MOTHER'S MAIDEN NAM	AE /	
	James 10	anio	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or doles of service) SECURITY N	IO. INFORMANT	1	ADDRESS 01
110 2/3-09-1	1149 Jama Ke	ut 5n. Be	entation st
19. CAUSE C	OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY Arter	ciosclerotic cardiova	ascular disea	
	DIATE CAUSE		
neon tollule, osinenio, etc. it meons the disease,	TO, OR AS A CONSEQUENCE OF:		
injury or complication which coused death.)			
ANTECEDENT CAUSES (B)	· · · · · · · · · · · · · · · · · · ·		
	TO, OR AS A CONSEQUENCE OF:		
I UNDERLYING CONDITION LAST			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATI			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).			
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED		21. AUTOPSY? (Yes or No)
			No
O UNDERLYING TOP CONTRIB	RY (e.g., in or obout 22C. WHERE DID (tet, office bldg., etc.) INJURY OCCUR?	If in Boltimore City, give e	exoct locotion)
UTING CAUSE OF DEATH. 22D. TIME (Month) (Dov) (Year) (Hour) (22E.INJURY OCCL			
OF INJURY	NOT WHILE	URY OCCUR?	
(APPROX.) WHILE AT WORK	AT WORK		
I certify that I held an Inquiry Inspection	Autonou D and the on the	in boots double	
		is basis, death in m	
resulted fram: Natural causes X1 Accident		Indetermined monner	
ACTUAL (La	CHIEF MEDICAL E	(TEXT)	DATE SIGNED
SIGNATURE STATE OF THE STATE OF	ASSISTANT MEDICAL E		
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL E	KAMINER LJ Fe	bruary 25, 1971
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEM	ETERY OF CREMATORY 24D. 1	OCATION (City, tov	wn, or cyunty) (Stote)
REMOVAL (Specify) RCIPLAC 3-1-71 MT	HUBURN	BAITO A	11.
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	17/1010,	ADDRESS A 1/1
1110 0 1000 0	FLROY O.L		OBKANICEY
MAR 3 BT Vile & E. Jacken M.D.	Lucy Uil	1000 /00	OPRINT TOOY
VS (51-REV. 1/1/68	11 0 0 0 0 0		

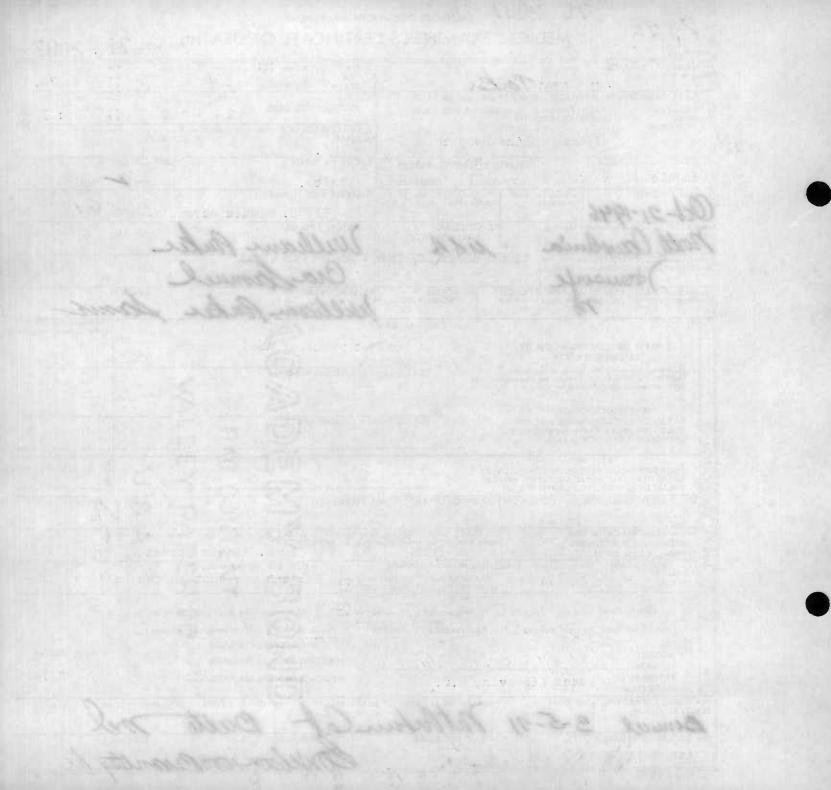
EXAMPLE . SOURCE Samer Berrie 25 or my Suna Ped 37 portette 21

one during most of working life, even if refired)	alue Elo
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or dates of service)	215-16-1367 Mauleurfiles Same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: multiple injuries
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(C)(S)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR	
22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 12 OF INJURY (APPON) 2 -8 - 71	PLACE OF INJURY(e.g., in or obout of form, foctory, street, office bldg, etc.) PLACE OF INJURY(e.g., in or obout of form, foctory, street, office bldg, etc.) PLACE OF INJURY(e.g., in or obout of form, foctory, street, office bldg, etc.) PLACE OF INJURY(e.g., in or obout of fine bldg, etc.) PLACE OF INJURY(e.g., in or obout of fine bldg, etc.) PLACE OF INJURY(e.g., in or obout of fine bldg, etc.) PLACE OF INJURY(e.g., in or obout of fine bldg, etc.) PLACE OF INJURY(e.g., in or obout of fine bldg, etc.) PLACE OF INJURY(e.g., in or obout of fine bldg, etc.) PLACE OF INJURY(e.g., in or obout of fine bldg, etc.) PLACE OF INJURY(e.g., in or obout of fine bldg, etc.) PLACE OF INJURY(e.g., in or obout of fine bldg, etc.) PLACE OF INJURY(e.g., in or obout of fine bldg, etc.) PLACE OF INJURY(e.g., in or obout of fine bldg, etc.) PLACE OF INJURY(e.g., in or obout of fine bldg, etc.) PLACE OF INJURY(e.g., in or obout of fine bldg, etc.) PLACE OF INJURY(e.g., in or obout of fine bldg, etc.) PLACE OF INJURY OCCUR? PLAC
ACTUAL SIGNATURE FXAMINER'S	Inspection Autopsy ond that on this basis, death in my opinion ccident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
NAME (Type) Isidore Mihal. REMOVAL (Specify) 3-2-7/	akis, M.D. CNAME of CEMETERY or CREMATORY (Stole) (Stole)
MAR 3 197 Cobe E 30.Be	OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS LINEY Of London Stranding



71 2097 BALTIMORE CITY HEALTH DEPARTMENT

01	Y-62k	MEI	DICAL	EXAMINER'S	CERTIF	ICATE OF	DEAT	H REG. NO.	71	2007
	NAME OF DEC								T talks	7.001
(T)	pe or Print)		R.	6	2. DATE OF	Known XX	Month	Doy	Yeor	Hour
-	51 4 65 43 1 5 44	Mary Brown	1 /ack	or	DEATH	Estimoted 🗆	2	28	71	6:27p. M
		TIMORE, MARYLAND,			3. DATE	DUNICED DEAD	Month	Doy	Yeor	Hour
HC	ILL NAME OF DSPITAL RINSTITUTION	ADDRESS OR LOC	ATION)	UTION, GIVE STREET		RESIDENCE (When	2	28	71	6:27 p _M
				Hos p ital	A. STATE	d.	e decedited ii	B. COUNTY	i: residence c	refore domission)
6.	SEX	7. RACE	B. MARRIE	DENEVER MARRIED	C. CITY C	RTOWN		D. INSIDE C	TY LIMITS?	
	female	Negro	WIDOWE			lto.		Y	ES 🗗	по 🗆
(DATE OF BIRTI	-1946 lost birthd 24	(In years H	Under 1 Yr. If Under 24 Hrs. anths: Days Hours Min.	E. STREET	710 E. Bid	dle St	reet /	0-0	0/
Ih.	with (Turbuna	12	WHAT COUNTRY?	13. FATHE	llidus	- Par	ku		
dar	e during most of	PATION (Give kind of working life, even if refired)	14B. KIND C	F BUSINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN NA	ME	2		HILLIA
16.	WAS DECEAS		D FORCES?	17. SOCIAL	18. INFO	RMANT	proce	A	DDRESS	
(Ye	s, no ar Unknawn)	ED EVER IN U.S. ARME	s of service)	SECURITY NO.	1110	licen 1	Bu Bo	1. 1	man	16-
	19.	15 X		CAUSE OF DEA	TH	carra j	JUJIE	~ y-		PROXIMATE INTERVAL
	DISEAS	E OR CONDITION DIR	ECTLY	Guns	hot wo	und of hea	d		DE.W	EEN ONSET AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE C	AUSE					
	heort foilure,	at mean the mode of d , osthenia, etc. It meons th aplication which coused de	e disease,	DUE TO, OR A		QUENCE OF:				
NO	DISEASES O	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA IG CONDITION LAST.	IY, GIVING ATING THE	(B)(C)	AS A CONS	EQUENCE OF:				
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	IFICANT CONDITIONS C TH BUT NOT RELATED TO CONDITION GIVEN IN I	THE TERMIN	IG AL						***************************************
CERT	20A. DATE OF			PR WHICH OPERATION WA	AS PERFOR	MED			21. AUTO	PSY? (Yes or No)
3		VAL CAUSE WAS	221	B. PLACE OF INJURY (e.g.,	in or obout	22C. WHERE DID	(If in Baltima	e City, give exo	ct locotion)	
MEDIC	UTING CA	OR CONTRIB-	hai	HOME	bldg., etc.)	710 E.	Biddle	Street	100	1
	OF INJURY (APPROX.)	Month) (Doy) (Yes 2 28 71		WHILE AT NOT WORK AT W	WHILE S	Subject w			e head	by husbar
	23. I certi	ify that I held on	Inquiry 🗌	Inspection Aut	POPEY XX	and that on t	his basis,	death in my	opinion	
	result	ed from: Natural co	uses 🗌	Accident Suicid	. D F	lomicide XX	Undetermi	ned monner		
		7	10			CHIEF MEDICAL	XAMINER			
	ACTUAL	ine XU.	ILID	11/4	ASS	ISTANT MEDICAL		П		DATE SIGNED
	SIGNATU	R'S Peter T	Lipkovi	C M D	•	OCIATE MEDICAL E		<u>₽</u>		3/1/71
24	NAME (TALL CREA	Abe)		24C NAME of CEMETERY						1
RE	MOVAL (Specif	BY HEALTH DEPT.	-11	ME OF REGISTRAR	16	FONERAL DIRECTO	Dall DR	to	or county) ODRESS	(Stote)
	MAR 3	TOTA ORREGE	8 3aB	See N.D.	6	mulson	1000	Burn	May	ke
V5	151-REV. 1/1/88		11 1 2	1 2 2 1 1	0 0	F.	1			



	B-65	0		ICAL		BALTIMORE (CATE OF	DEAT	H REG. NO	.71	2098	3
1.	NAME OF DEC	CEASED	EMMITT	BRO	WN			2. DATE OF	Known X	Month Febru	ary 24	Year	Hour	
FUI	PLACE IN BAL LL NAME OF SPITAL	(IF NO		LORINST		UNCED DEAD		3. DATE PRONO	UNCED DEAD	Month	Doy Lary 24	Yeor	Hour 6:05	Р "
	NOITUTITZAN		N. Bro					5. USUAL RESIDENCE (Where deceased lived, it institution: residence before admission) A. STATE Maryland						
6.	Male	7. RACE Negr	0	8. MARRI WIDOW	_	NEVER MAR		C. CITY OF	Baltimore	2	D. INSIDE	YES A	No 🗆	
(LATE OF BIRT	-1920	10.AGE (In last birthday 48	<i>'</i>)	Month	der 1 Yr. II Unde s. Days . Hour	r 24 Hrs. s Min.		1051 N.	Broadw	R	-00	f.	
	BIRTHPLACE	nie	(WI	TIZEN OF		13. FATHER	met	Bu	me			
don	WAS DECEAS	rorking life, ev	en if retired)				NDUSIR	Aa	R'S MAIDEN NAM	Edne	dall	_		
(Ye	s, no or unknown)	(If yes, give v	var or dates o	of service)	1	SECURITY	NO. -65/5 OF DEA	18. INFOR	ma. Die	me	,	ADDRESS	PPROXIMATE IN	
CERTIFICATION	(This does no heart loilure injury or con DISEASES (CRISE TO THE UNDERLYIN) OTHER SIGN TO THE DEA	LEADING TO of mean the cost mean the cost mean the cost mean the nTECEDENT DR CONDITION CONDITIO	mode of dyl . It means the ch caused deo CAUSES ONS, IF ANY, USE (A) STAT	ng, e.g., disease, th.) GIVING ING THE	ING NAL	, DUE		AS A CONSEC	Epilepsy	7				
	20A. DATE OF				OR W	HICH OPERA	TION W	AS PERFORA	\ED		AUTOPSY? (Yes or No)			
EDICAL	UNDERLYING UTING CA	USE OF DEA	TRIB-	2 h	22B. PL	ACE OF INJU	IRY(e.g., reet, olfic	in or about a bidg., etc.)	2C. WHERE DID ((Il in Baltimor	e City, give ex			
	OF INJURY (APPROX.)	(Month) (D	Pay) (Year)			ELINJURY OCC	NOT	WHILE ORK	2F. HOW DID IN.	JURY OCCL	JR?			
		JRE Cli ER'S	oturol cous	J.c	Su.	Inspection Coldent D	Sulcle	. ASSI	and that an the amicide () () () () () () () () () () () () ()	Undetermir EXAMINER EXAMINER	med monner		DATE SIGN 25, 19	
	A. BURIAL CREAMOVAL (Specific Control	MATION, 2	48. DATE 3-/- DEPT.	-	AME C	40	LVI	9R V/ 25C.	FUNERAL DIRECTO	101	00	Co, MADDRESS	ed,	·)
VS	151-REV. 1/1/68	W	Jobers	E. 40	ملاه	m ALA	, 5	00	croy O.	VVIC.	SON 1	1600 E	KAN!	10

The All Supplements Firmet Touchall 235 - Hilme Delmer

	1 2020	Y HEALTH DEPARTMENT 71 2099
	BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO.
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3-2-71 13:30 Am
	WHERE PRONOUNCED BEAD	4. USUAL RESIDENCE (Where doceosed lived, If institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MO BALTIMORS
,	MARYLAND GENERAL	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES V NO
4	HOSPITAL	E. STREET AND NUMBER
0		1334 W. NORTH AUS. 3-03
made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs., lost birthdoy) Months; Doys Hours; Min.
isn	₩IDOWED DIVORCED	0-2/-20 50
u	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if relired)	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
disposition	CON STRUCTION LABOR INTRNATIONAL	South Hell, Oa. 115/4
pos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
dis	lenknown	hury Coles
7	15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
final	MO 259-18-3389	F. R. REURO
0	18. CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ral infanction It hassing 11
E	IThis does not meen the made of dying, e.g., (A) MMEDIATE CA	A CONSEQUENCE OF:
embalmed	heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.)	
	ANTECEDENT CAUSES	perlemma pende
are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) staling the UNDERLYING CONDITION lost. (C)	<u> </u>
remains		Clateril
9	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	- sometime & Remelionering
9		(20A-AUTOPSY? (Yos or No)) 20B, IF YES, WERE FINDINGS CONSIDERED
-	19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before the	OB CONTRIBUTION OF THE PROPERTY OF THE OWNER OWNER OWNER OF THE OWNER	n or obout 21 C. WHERE DID (If it Boltimore City, give exect location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street of etc.]	inco blogs INJUR! OCCUR!
ained	21D.TIME (Month) (Day) (Year) Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
E	(APPROX.) While At Not While At Not Work	
opt	22. I certify that (1) (this hospital) attended the deceased fram	
pe	that (1) (we) last saw the deceased alive an 3 - 2	19) and that in (my) (aur) apinion death accurred an the dote
±	and haur and from the causes stated above. (1) (We) (did) (did nat)	lew the bady after death.
must	23A- SIGNATURE	238 DATE SIGNED
	The west of the property of th	nding Med. Staff Director Phys. (3-)
0	NAME Hyper	23D. ADDRESS
approval	MICHASE GOASSO MO. DEGREE	MARYLAND GENSOAZ HOSP.
0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	
9	Suncet Ce	m. Talmyra, New Jersey
written	MAR 3 197 Dabe & Salvey 34	25C. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS
	MAR 3 BM OGBER E. Markey 34	Atologo Stally (777 N. MONROW.

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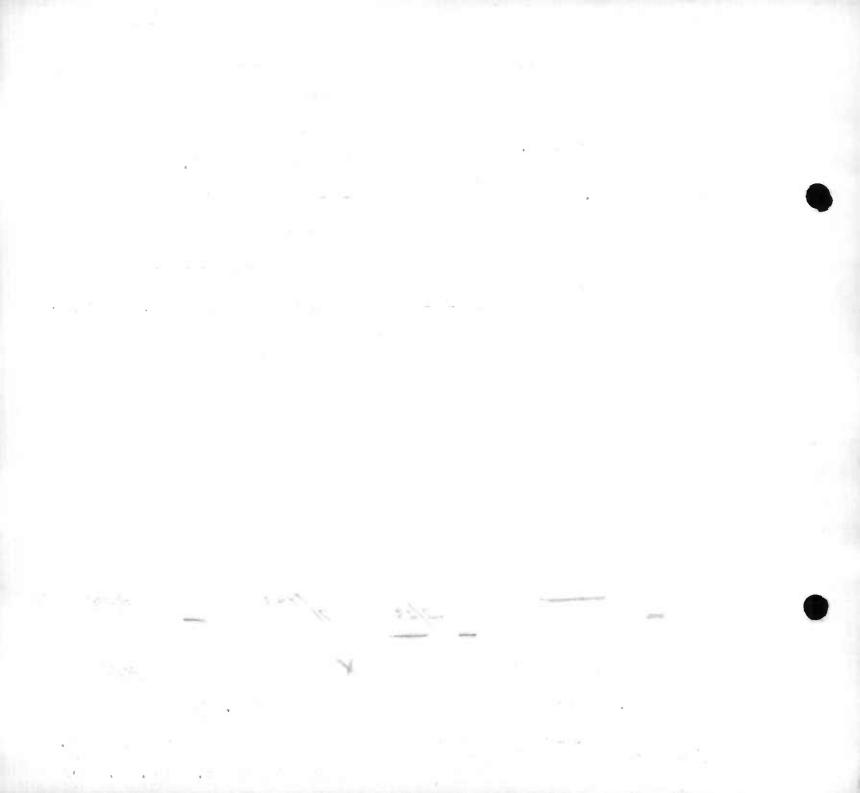
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VS 150-REV. 1/1/68



	NAME OF DEC	EASED				2. DAT	E AND HOUR OF DE	HTA	
(Ту	pe or Print)	Jacob R	Stree	tt			3-1-71		1
3.	PLACE IN BAI	TIMORE, MAR	YLAND, WI	ERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived	. If institutions i	esidence before
FL	JLL NAME OF	UF NOT	ATIGOR M	I OR INSTIT	UTION CIVE STREET	Maryland	and the second	4	
H	OSPITAL OR	"ADDRES!	OR LOCA	TION)	UTION, GIVE STREET	C. CITY OR TOWN	lp.	INSIDE CITY L	IMITS?
1	1					Baltimore		YES X	
10	1711 N	orth Ch	apel S	t.		E. STREET AND NUMBI	ER	2 0	1
L						1711 North	Chapel St.	0-0	0
5.	SEX	6. RACE	7	· MARRIED	X NEVER MARRIED		9. AGE (In years	If Unde	Pr 1 Ye , If Ur
	ale	Cauc.		WIDOWED			lost birthday)	Months	Doys Hours
10/	A. USUAL OCC	UPATION (Give	kind of work)	OR KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole of	foreign countryl	12, CIT	ZEN OF WHAT
001	Painter		i ii reilied)			Maryland			USA
13.	FATHER'S NA		1			14. MOTHER'S MAIDEN	NAME		UGAL
	Cod 7 a-	Cime - 11						· ·	
15	Was Deceased	Streett	Annad Face	?	I 6. SOCIAL		herine Morr	lson	
IYe	Was Deceased s, no or unknown	illf yes, give	wor or doles	of service)	SECURITY NO.	17. INFORMANT			ADDRESS -
	No	1			213-07-1583	Mrs Gladys E	Streett 17	11 N. Ch	napel Si
	18. 16 2	///			CAUSE OF DEA	****			APPROXIMATE
	DISEA	E OR COND		CTLY		Carenon of	flett 1	ung	SEI WEEN ONSEI
	(211-1	LEADING TO			(A)IMMEDIATE C	AUSE with ge	newkred in	visetoria	dely,
	heart failure, asthenio, etc. It means the disease,								
	injury or complication which caused death.)								
	injury or con	asthenio, etc. plicalian whic	th caused d	leath.)					
	injury or con	asthenio, etc. Iplication which ANTECEDENT	h caused d	leath.)					
	DISEASES (aplication which ANTECEDENT OR CONDITIO	ch caused d CAUSES ONS, if ar	leath.) ny, giving		AS A CONSEQUENCE OF:			***********
	DISEASES C	nplicalian which ANTECEDENT OR CONDITIC B above ca	CAUSES ONS, if ar	leath.) ny, giving	(B) DUE TO, OR A	AS A CONSEQUENCE OF:	100010000000000000000000000000000000000		********** **************************
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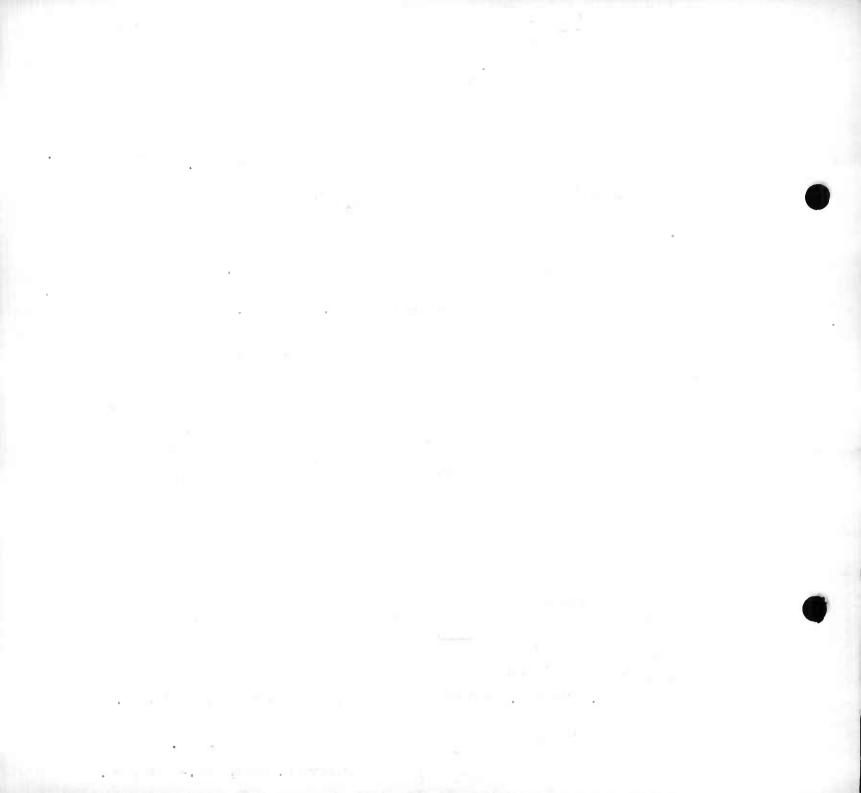


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



BIR	71 2104 CERTIFICATE OF DEATH X REG. NO. 71 210	4
1, 1	NAME OF DECEASED Approof Print) JAZ WINSKI mvs. Joseph we 2. Date and Hour of Death 3.2. 1971 6.10	0
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before of A. STATE B. COUNTY	dmission)
HC	ULL NAME OF ILF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MD.	
10	Baltimore D. Inside City Limits?	
1	Church Home of Hospital E. STREET AND NUMBER Drive D	41
5. 9	SEX ID 16. RACE 17. MADDIED NEVER MADDIED 18. DATE OF BIRTH 19. AGE (In verts 18 linder) V. II linder	<u>リ</u>
	WIDOWED DIVORCED 4, 23, 1900 lost birthdoy Months Doys Hours	or 24 His. Min.
don	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT (
A	HOUSEWIFE POLAND U.S.A.	,
Z		
15.	Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT SECURITY NO.	
(Yes	NO - SECURITY NO. PETER JAZUNISKI ZRIGEWOOD	00
	18. CAUSE OF DEATH APPROXIMATE IN BETWEEN ONSET A	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Sluve Phenotoil antilis of the	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	71
	injury or complication which caused death.)	
	DISEASES OR CONDITIONS, II any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:	4,
	underlying conditions (ast. (c)	n.
		<i></i>
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
RTIFIC	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR?	
ō	21D-YIME (Month) IDoy) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
~	(APPROX.) While At Not While At Work	
		2/_
- 1	that (f) (we) lost sow the deceased alive on 3.2	the dote
	and hour and from the couses stoted abave. (?) (We) (did) (dtd not) view the bady after death. 23A. SIGNATURE	
	Alylin Comed Attending Med. Staff D 3, 21/92/	,
	DEGREE	
	ABDUS SAMAD MODER	
24A	A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE / 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fown, or county)	(Stote)
	BURIAU 3/5/71 HOLY ROSARY DUNDAUX MP.	
M	A DATE REC'D BY HEALTH DIFT. / 25R NAME OF REGISTRAR 25G, FUNERAL DIRECTOR ADDRESS 401 S. CHE.	STER
VS	150-REV. (1/68	



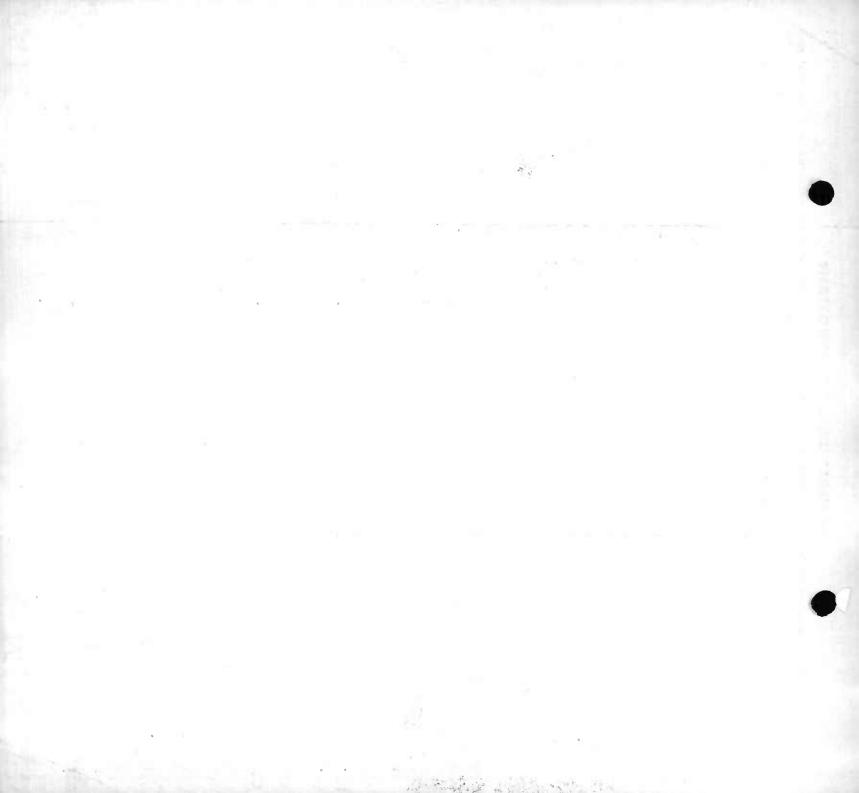
VS 150-REV.

1/1/68

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				BALTIM	ORE CITY HE	ALTH DEP	ARTMENT			19,4	040	30
BIRTH NO.	71	2106		CERT	IFICATI	OF D		X	. NO		211	Jo
1. NAME OF I	SECEASED (Miver	. CL	inles	E.		K	6. 2	4.19	771	(0 1-	30 p
3. PLACE IN	BALTIMORE, A	MARYLAND, W	HERE PRONO	UNCED DEAD	A A	STATE A	SIDENCE IWH	ore deceased NTY	lived. If in	stitution: 10	esidence belore	admissio
FULL NAME	OF (IF N	THEON NI TO	AL OR INSTIT	UTION, GIVE S	TREET	NI	anyla	nd			56	27
NSTITUTION	ADD	RESS OR LOCA	JIONI .	1 11	C.	CITY OR TO	WN /	4	D. INS	IDE CITY LI		0/
44	Uni	m/ 11/1	(MOIL	-1 /	E. E	STREET AN	Tonins	Les		YES	NO [<u> </u>
	33-	in md	Cali	m. 4 5	な。	5	11	E. N	lain	c		
S. SEX	6. RACE	,	7. MARRIED			ATE OF BI	RTH	9. AGE (In lost birthdoy		If Unde Months	Doys Hours	nder 24 H
Male		cholan	WIDOWED	DIVO	RCED _		- 04 CE (State or for		66	12 017	TEN OF WILLA	COUNT
lone during mos	t of working life,	gvon if retired)			INDUSTRI II.	BIRITIFLAC	(State of for	eigh country!		12. CIII.	ZEN OF WHA	
Retire		ongoleu	m-Nair	1 (0.	14	AAOTHERIS	MAIDEN NA	and			0.5.	H.
11	C11						-	ser				
Henry			2007	16. SOCIAL	17.	INFORMAN		ser			ADDRESS	
	own) (If yes, g	. S. Armed Ferdive war or dates	s of service)	SECURITY	NO.		arrie A	S11		111-1-		M
No				218-10-	OF DEATH	iss. (ance n	· Succ	Lvan	wesur	APPROXIMAT	
18.49	7,0	1					1		1		BETWEEN ONSE	T AND DE
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(This doe			dying e.g.	(A) IMM	TO, OR AS A C	ONSEQUENC	JIKC.	WVIE	>/			
heart faile	re, asthenia,	the mode of etc. It means	the disease,	DUE	10, OR AS A C	JASEGUENG	SE OF:					
injury at		which caused	dedin		// .	/	1.					
		ENT CAUSES		(B) (A)	odomin	~ / G	nlic	an	cury	13m		
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UNDERLY	ING CONDI	NON last.	3.000.9	(c)_£	hterio:	choi	Tic h	mt s	ise	ac		
		11										
OTHER SIG	NIFICANT CO	NOMIONS CON	NTRIBUTING									
⋖ DISEASE C	R CONDITION	GIVEN IN PART	T 1 (A).	WALLOW ORDA		204 41120	Beve /Voc or b	-N 200 18 V	e wees	EINDINGS	CONCIDENT	
19A. DATE	OF OPERATION	WAS PERF	FORMED	WHICH OPERA	ION	20~ AU10	PSYZ (Yes or N	IN CERTI	TING CA	USES OF	CONSIDERED	'
U ZIALACC	DENT WAS I	INDERLYING	ntic 1218	LPLACE-OFAN	IURY (e.g., in or	about 21 C	WHERE DID	41	in Rollimo	re City, gly	e exect lecetion	n!
OR CONT	RIBUTINO C	CAUSE OF T	hom	ne, form, foctor	, street, office	המאן "מפוק	RY OCCUR	4.				,
		(Day) (Year)	(Houd) 21E	INJURY OCC	HORED	216	HOW DID IN	IIIav occii	D7			
A OL ININK	(IVIONIN)	(Day) (1eas		hile At	Not While	2110.1	NOW DID IN	JURI OCCU	er.			
(APPROX)			Wo	irk 🔲	Al Work L	1				1		
22. I cer	ify that (1) (this hospital) attended t	he deceased	from	b. 2	0	19 7/1		eb.	24	19_71
that (1) (we) lost sow	the decease	d alive on_	Feb.	24	19.71	and t	hot In (my)	(our) opi	inion dea	th occurred	on the d
and hour	ond from th	e couses stat	ed obove. ((I) (We) (d(d) (did not) vier	the body	ofter death					
23A. SIGN										23 B. DA	TE SIGNED	
	,,	01	11-00		Attendi Phys.	-a 🗌	Med.	Staff Phys.		1	1 216	10-
23C.PHYS	CIAN'S	John	TIVI		DEGREE	ADDRESS	Dilaciot	rays.		1 per	2.07	171
NAM	E (Type)											
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24A. BURIAL REMOV	AL (Specify)	248. DATE	-	inhahung	_		240.	Einb 4		ity, town, o	or county)	(Stote
Burial	,	reb. 27,7		inksburg	Cemere	y		Finksb	urg,	ia.		
25A. DATE RE	C'D BT HEAL	THE PART										
		A		OF REGISTRAR			RAL DIRECTO		(i) .	,	ADDRESS	
VS 150-REV.	MAR 4		BUB E		ζδ,		Eline		Rei	sters	town, M	



71 2107

BALTIMORE CITY HE	ALTH DEPARTMENT			
MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO	71	2107

BIRTH NC.	NEO, 110.
I. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
BEVERLY NARLOW	OF DEATH Estimoted M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION OR INSTITUTION	PRONOUNCED DEAD February 27,1971 6:55 P. M.
4 A	5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) A. STATE B. COUNTY
ST. AGNES HOSPITAL	Maryland Baltimore
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN LANS DOWNE D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	BOYLES NO D
9. DATE OF BIRTH 10. AGE (In years Kunder 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET AND NUMBER
9-26-1954	3283 Ryerson Drive
II, BIRTHPLACE (State or foreign country) 12, CITIZEN OF	13. FATHER'S NAME
Rhode Island WHAT COUNTRY?	William Narlow
4A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
foneduring most of working lile, even If refired) Student	Nettie Rusk
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown)(If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS 21227
No 217-64-6771	Mrs. Nettie Narlow, 3283 Ryerson Circle
19. CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Multip	ole Injuries
LEADING TO DEATH	
	S A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	S A CONSEQUENCE OF:
_ UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
SI SINEK SIGNII ICAN'I COMBINION'S CONTINUONING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	yes
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g., 1	n or about 22C. WHERE DID (if in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. home, farm, foctory, street, office Street	Rolling and Wilken Avenues 5366
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOWDID INJURY OCCUR?
(APPROX.) 2-26-71 11:14 P. m. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	
23.	
I certify that I held an Inquiry Inspection Auto	opsy v and that an this basis, death in my opinion
resulted from: Natural causes Accident X Suicide	Hamicide Undetermined manner
ACTUAL 1/11/11 11 1/50 L	CHIEF MEDICAL EXAMINER
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Werner U. Spitz N.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	Deputy Chief Medical Examiner 2/28/71 r CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	Anne Arundel
Burial 3-3-1971 Glen Haven Cem	, , ,
	25C. FUNERAL DIRECTOR ADDRESS
MAR 4 1971 Paled E. Faller, M. A.	Howard H. Hubbard, 4107 Wilkens Ave. 21229
'S 151-REV. 1/1/68	

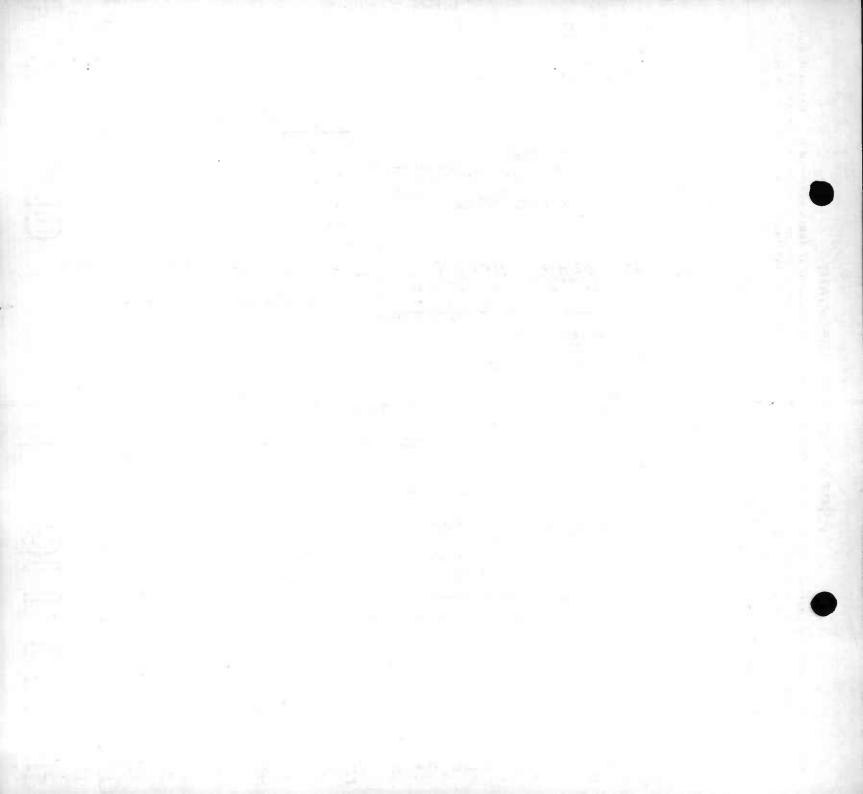
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	71	2108		BALTIMORE CITY			V 250	171	2108	0
	H NO.	THE MAN TO SERVICE STATE OF THE SERVICE STATE OF TH		CERTIFICA	TE OF L	DEATH	KEG.	NO.	CTUC	· · · · · ·
	AME OF DECEA e or Print)		F HO:	FFMAN, JR.		Pebru	ary 27	DEATH 1971	, 10	:28 A.
3. P	LACE IN BALTI	MORE, MARYLAND, V	HERE PRONOU	NCED DEAD	4. USUAL RE	SIDENCE (Whe	re deceased liv		ion; residence be	
FUL HO	JLL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		Maryland Baltimore 530					301		
INZ	TITUTION			C. CITY OR TOWN D. INSID			D. INSIDE C	-	оП	
1 3	13	South Balti	more Gen	eral Hospital	E. STREET AN	D NUMBER		16.	3 140	, L.J
Ĺ		Baltimore,	Maryland		4412 No	orfen Ro	ad			
5. SE		RACE		NEVER MARRIED	8. DATE OF BI	RTH	9. AGE (In year	ors II	Under 1 Yr. II	Under 24 H
	fale	White	WIDOWED		2-11-19	イナラ	44			
done	during most of wo	ATION (Give kind of worl rking life, even it retired)	IND OF	BUSINESS OR INDUSTRY				12	CITIZEN OF WI	HAT COUNT
12.5	ATHERIT			<u> </u>		Maryland			U.S.	Α.
13. F	ATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME			
		J.F. Hoffm			according	Delore	s Vono	rdeck		
15. W (Yes,	ras Deceased En	rer in U. S. Armed For f yes, give war or dote	ces? s of service)	6. SOCIAL SECURITY NO.	17. INFORMAN	II			ADDRESS	2122
ALC: UNKNOWN	lo				Mr. Ern	st J.F.	Hoffman	n. Sr.	4412 Nor	
1	18. 74 3	3,91		CAUSE OF DEATH	1				APPROXIM	ATE INTERVA
	DISEASE	OR CONDITION DI	RECTLY	STATUS			0-5		7	THE PROPERTY
		mean the mode of thenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAU	SE	T OE.	*************		1.	*********
	hearl lailure, as injury or compli	thenia, etc. Il meons cation which caused	the disease,	CAKO	VIC B	PAIN	DISEA	5E	CONG	ENITH
		TECEDENT CAUSES							C., 10	_,,,,,,,
	DISEASES OR	CONDITIONS, il	ony, giving	DUE TO, OR AS	A CONSEQUEN	ICE OF:			*****	
	rise to the	obove cause (A)	slaling the							
-		11		(c)			***************************************			
O C	THER SIGNIFICA	ANT CONDITIONS CO	NTRIBUTING	Non	16					
AT	DISEASE OR CON	BUT NOT RELATED TO THE IDITION GIVEN IN PAR	Γ1 (Δ).					****************		
CERTIFICATION	YA-DATE OF O	PERATION 198 CON	DITION FOR WI	ICH OPERATION	20A. AUTOP	SY7 (Yes or No	IN CERTIFYING	WERE FINDI	NGS CONSIDER OF DEATH?	ED
2 Z	TA. ACCIDENT	WAS UNDERLYING CAUSE OF	21 B. P	LACE OF INJURY (e.a. in	or about 21C. V	WHERE DID			give exoct local	
정	DEATH (notify me	NG CAUSE OF	home,	LACE OF INJURY (e.g., in farm, factory, street, all	ice bldg., INJUI	Y OCCUR?	he m		1 Size everi inco	
	ID-TIME (A	Aonth) (Doy) (Year)	(Haud) 21E, 11	NJURY OCCURRED	21F- H	IOW DID INJ	URY OCCUPY			
¥ 0	APPROX.)			At Not While		210 1110				
5	2. I certify th	ot (1) (this hospit al		- 711 11011	- 28		10.5%	7 =	2.2	10 3/
ш н		st saw the decease		S - 3	19 7	A	19. <u>5 6</u> to_		27	19_7/
1 1				(Wa) (Std) (did not) vi			or in/wal 100	e/ opinion	deoth accurre	a on the d
	3A. SIGNATURE	1)	//	(ew the body	orter deoth.		23 R	DATE SIGNED	
	1	en les	leman		ding P	Med.	Staff Phys.		3-1-	7/
2	3C. PHYSICIAN'S			DEGREE	3D. ADDRESS	inector L	глуз. 🗀			
	HAME LIYPE	Leon As	hman		5907 G	wynn Oal	k Avenue	, Balt	imore, Mo	d.
24A.	BURIAL CREMA	TION, 248 DATE		DEGREE NE OF CRE			CATION		wn, or county)	(Stote)
	REMOVAL (Spe urial	3-3-197		lon Park Come		0.6	ltimore,			
	DATE REC'D BY	HEALTH DEPT.	258 NAME OF	REGISTRAR		AL DIRECTOR		raty1	ADDRE:	SS
	МΔ	R 4 1971		Tables M.D.				107 Wi	1kens Ave	
VS 14	50-PEV 1/1/69				1)	7	,			-, -1

STATUS EPILEPTIC US

CHKONIC BRAIN DISEASE CONGENITAL

DIDTH NO	71 210	9 71.128	62 CERTIFICA	TE OF DEATH	REG. NO	71 2109 4
I.NAME OF D	ECEASED		A	2. DATE	AND HOUR OF DEATH	
(Type or Print)	Thomas	D. Houel	c	3	/1/71	3: 1:0 A M
3. PLACE IN B	ALTIMORE MARYLA	IND, WHERE PRO	NOUNCED DEAD	A. STATE B. CO	UNTY	nstitution: residence before admission)
FULL NAME (HOSPITAL OR INSTITUTION	OF (IF NOT IN ADDRESS O	HOSPITAL OR IN	STITUTION, GIVE STREET	Maryland c. City Or town		OLTO 5300
37	Wayners	Us smill - 3		E. STREET AND NUMBER	3	YES NO NO
		Hospital			se Av . #2122	
Male	White	WIDOV		2/21/71	9. AGE (In years last birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	of working life, even # I an t		OF BUSINESS OR INDUSTRY	Maryland	loreign Country)	USA USA
3. FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME	
THO	MAS DE	AN	Hovel	PATRI	CIA TO	WKSEND
5. Was Deces	ed Ever in U. S. Arr			17. INFORMANT		ADDRESS
100	yes, give war	or doing or sold	Jeggani No.	PARE	NIS	ABOVE
18.	2.2.631		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
other sign	OR CONDITION: the above cause NG CONDITION IS II NIFICANT CONDITION ATH BUT NOT RELATE	(A) stating ast.	the (c) PN	L CNS bl A CONSEQUENCE OF:		
DISEASE OF	CONDITION GIVEN	L CONDITION F AS PERFORMED	OR WHICH OPERATION	20A AUTOPSY2 (Yes or	No) 20B, IF TES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTR	DENT WAS UNDERLIBUTING CAUSE of the medical examiner	YING D	21B PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)	fice bidg. NURY OCCUR	(If In Boltimo	ore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Year) (Hour)	21E (NJURY OCCURRED While At Not While Work At Work		(NJURT OCCUR?	
22. 1 certi	fy that (I) (this h	ospital) attend	ed the deceased fram	2/31	_19 7!ta	3// 197/
that (1) (w	re) last saw the d	eceased alive	an	19and	that in (my) (aur) ap	inlan death occurred an the dat
and hour	and from the caus	es stated abay	e. (1) (We) (d(d) (dId not)	rlew the body after deat	th.	
23A. SIGNA	TURE	79.1	M-D. Am	ending Med.	Shoff Phys.	23B. DATE SIGNED
23C. PHYSIC	CIAN'S Trypel	J.EU	FEMIO M.D.	23D. ADDRESS Merculte	Phys. Let	15/1/1
24A. BURIAL C	REMATION, 248. D	ATE 24	C. NAME of CEMETERY or CR	EMATORY 24D	LOCATION IC	City, town, or county) (State)
BUR	L ISpecily)	1771	BELAIR ME	M. GARDERS	BELA1	ADDRESS
25A. DATE REC	O'D BY HEALTH DEP	T. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECT	TOR WASTINE	ADDRESS
	OH 4 197	Vallent	E Jaben 1894	1 101 CAN	KELLY.	SONS 300 MAC

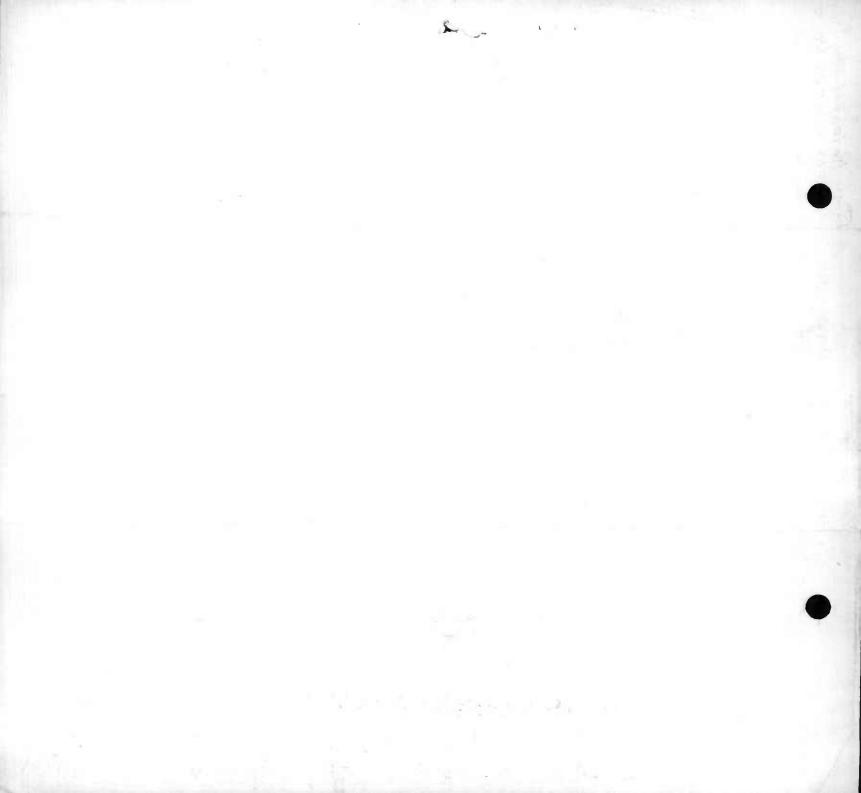


Tal.

W.

-	1000	BALTIMORE CITY HEALTH DEPARTMENT
	Story Chart	BIRTH NO. 74 OLI CERTIFICATE OF DEATH REG. NO. 71-211
	of death of death Deceased e on the	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	- 200 -	(Typo or Print) Myron Livingston Hoch Feb. 28, 1971 12:50 AN 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; tosidence before admission)
	at a contract	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; rasidence before admission) A. STATE B. COUNTY
	6 1 S 6 S	
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland Ballo. C. CITY OR TOWN D. INSIDE CITY LIMITS?
	l in a ng cause; cause; attend ior to	University of Maryland Hospital Balto YES NOT
	in Bart	E. STREEP AND NUMBER
	d dir	3740 Oak Avenue
	ribu nine gulai ed mad	
	tri tri mi gu	Mine Mine Mine Mine
	ont ont err	
	if death rect or c (4) Undet was in the dece	done during most of working life, even if retired
	dea Und as is	Salesman Durst Ind New York USA
	if dect way	13. FATHER'S NAME
		Phillip Hoch Weiss
Z	ind; (eath	15. Wos Deceased Ever in U. S. Armed Forcos? 16. SOCIAL 17. INFORMANT
1	ist cine de na	(Tos, no or unknown) (If yes, give war or doles of sorvice) SECURITY NO. 127 Hospital Admission Record
ORT,	d t	The second secon
2	s and and or or	PETIMEN ONEST AND DESTIN
	ed to the	DISEASE OR CONDITION DIRECTLY peritorities and renal failure
_	Als nou	(This does not meen the mode of dying, e.g., (A)IMMEDIATE CAUSE
ä	par par	island or or lively using the utility of the utilit
ō	35.03	ANTECEDENT CAUSES ileal perforation of malignant when
5	Xam Cam A fr Who reg	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
M	Xex	tise to the phase course (A) stating the
DIR	D C C S	UNDERLYING CONDITION last. (c) malignar reticule ends Heliveis
-	dic ici	
A	ed ed bur hys n v	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING E TO THE DEATH BUT NOT RELATED TO THE TERMINAL
2	FYGE	DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION GIVEN IN PART I (A).
UNERA	hie od	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 1/30/7/ 1/30/7/ 1/21A ACCIDENT WAS UNDERLYING 21B PLACE OF INTURY (e.g. in or obout 21C WHERE DID. 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INTURY (e.g. in or obout 21C WHERE DID.
5	P + +	WAS PERFORMED 1/30/7/ Perforated bowel
L.	al bereich	On CONTRIBUTION OF CHILD IN CONTRIBUTION OF CH
	× = 9 + Z a	DEATH (notify medical examiner) Cause of hame, factory, street affice bidg., INJURY OCCUR?
	S + tel	OF INJURY
	0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Approxi While At Not While At Work
	he he	22, 1 certify that (1) (this hospital) attended the deceased fram /-27 - 197/ ta 2 - 28 197/
	dp fo t fo t fo t fo t fo t fo t fo t fo t	that (1) (we) last saw the deceased alive an 2-28 19-71 ond that In(my) (aur) opinion death occurred on the date
	0 8 = ==	and hour and fram the couses stated above. (1) (We) (did) (did not) view the body ofter death.
•	sed sent spit eat	23A. SIGNATURE 23B. DATE SIGNED
	must elease ccider a hosp to de al mu	Attending Med. Shiff ST
	E O D D T D	foreget Lowe M.D. DEGREE Phys. Med. Staff Director Phys. 2-28-71
	at at at rov	23C. PHYSICIAN'S NAME (Type) Director Phys. Director Phys. 2-28-71 23D. ADDRESS University of Md- Hospital
	y was (1) An (2) A. at d prio	JOSEPH LOWE M.D BELLENOTE, Md. 21201.
	1 2 6 6 5 E	24A. BIRIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	This certificat the body was shows: (1) An was D.O.A. at deceased prio	Burial 3/2/11 Union Field Compley Quens New York
	This of the bank was was deced	25A. DATE REC'D SY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
1	* キャッシャッ	MAR 4 1971 Pole & E. Faller MD o Lesbour Service Jan 9/10 Visley aux Rd
		VS 150-REV. 1/1/68





IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

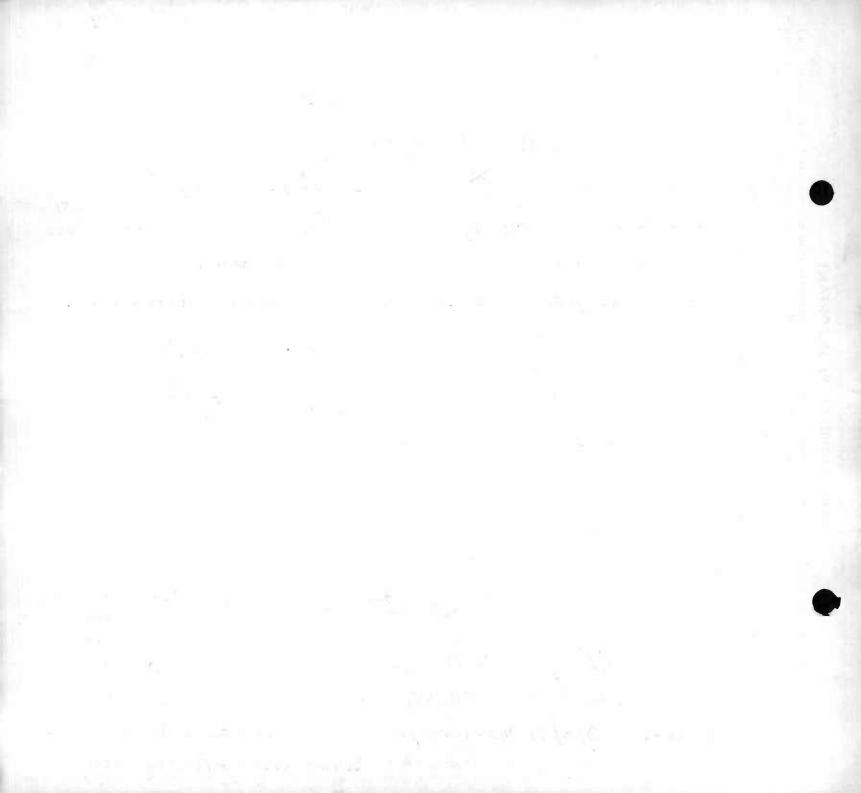
BALTIMORE CITY HEALTH DEPARTMENT

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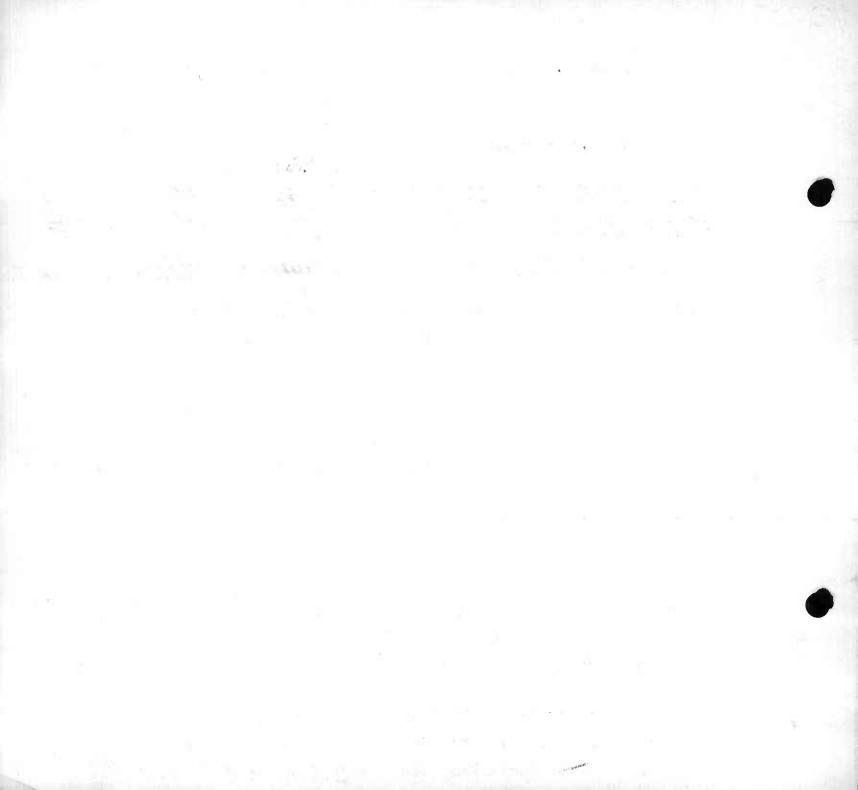
DIRECTOR:

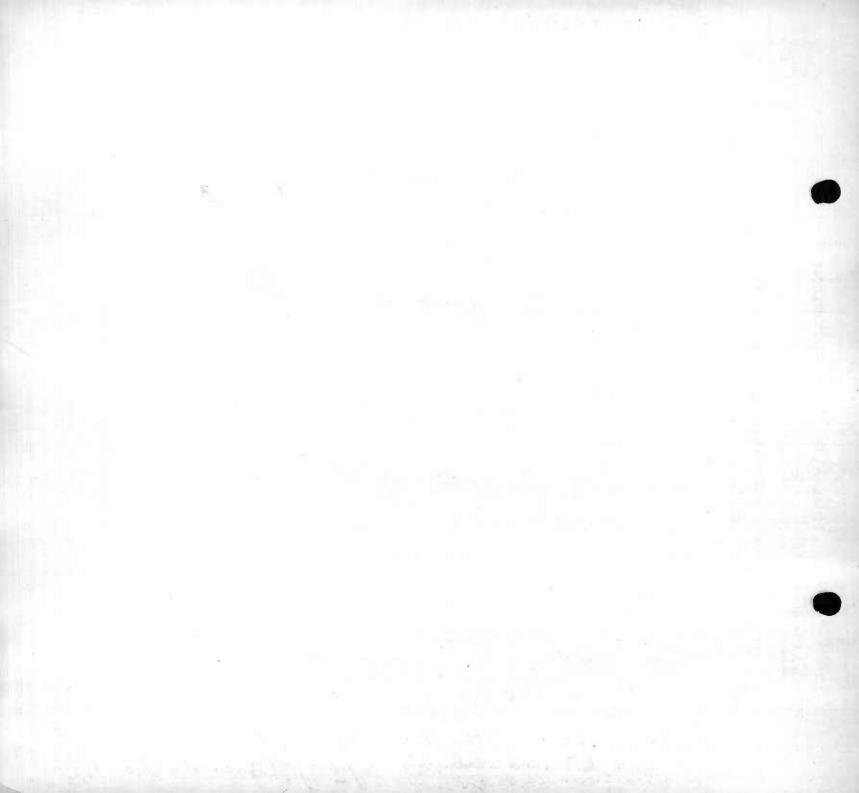
FUNERAL

VS 150-REV. 1/1/68



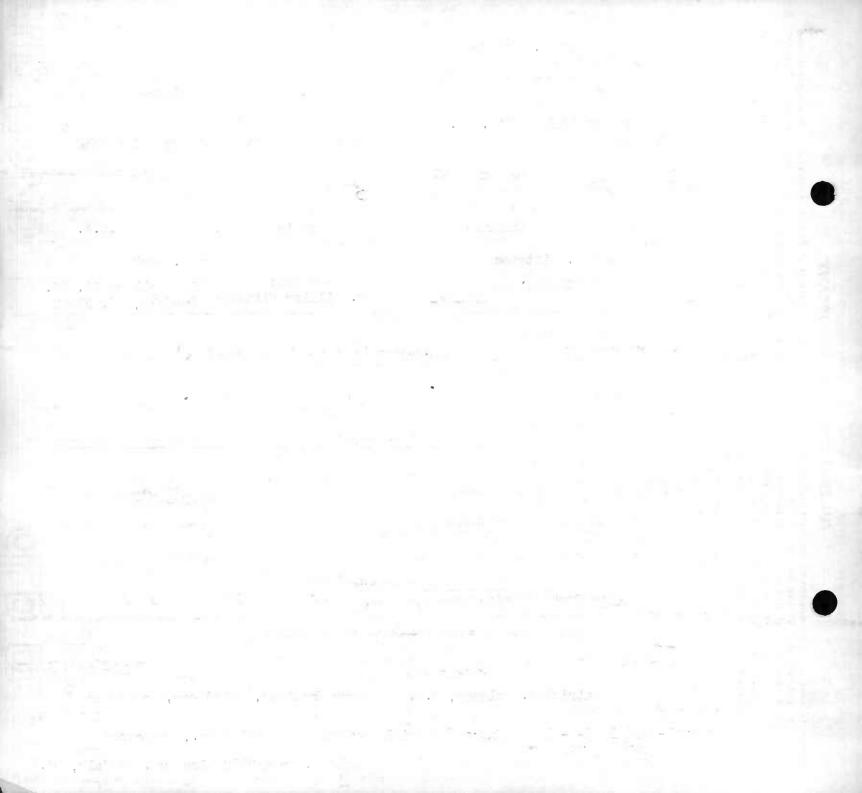
1, 1	AME OF DECEASED	TE OF DEATH REG. NO. 71 2115
(Ту	pe or Print) Charles L. Metzler	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fixed, If institution residence before admission
FIL	II NAME OF THE NOT IN HOSPITAL OR INSTITUTION OF THE	Maryland 2.301
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STREET ADDRESS OR LOCATION!	C. CITY, OR TOWN D. INSIDE CITY LIMITS?
,		Baltimore YES 14 NO
6	110 W.Fort Avenue	E. STREET AND NUMBER
		110 W. Fort Avenue
5. \$	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Tr., II Under 24 Hr. Months; Doys Hours; Min.
1	1910 UIII WIDOWED DIVORCED	12117193
don	USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHOLA CE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTR
L	ACTORY WORKER KET	Baltimore III 8.5.4
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOHN METZTER	Battimore Al He Novetta From
15. \ (Tes	Nos Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	No 25.03 0982	Tam Matelan About Dellace
	18. 4/ 2.4/ CAUSE OF DEAT	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	LOSCLEVEOTIC CARDIONASCHUAR BETWEEN ONSET AND DEAT
	LEADING TO DEATH	
	heart failure, osthenia, etc. It means the disease.	A CONSEQUENCE OF:
	injury at complication which caused death.)	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, it any, giving ise to the obove cause IA) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
z		\ \ \ \
		NSONS DISEASE 10 YRS
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	[20A. AUTOPST? (Yes or No.)] 20B, IF TES, WERE FINDINGS CONSIDERED
RTIF	WAS PERFORMED	20A. AUTOPST? (Yes or No.) 20B. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLTING 21B. PLACE OF INJURT (e.g., in home, form, loctory, street of	n or about 21 C. WHERE DID (If In Boltimore City, give exact facation)
V	DEATH (notify medical examined)	nes male transfer office.
MEDI	21D. TIME (Month) (Doyl (Teor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURT OCCUR?
2	(APPROX.) While At Not While At Work At Work	• 🗆
	22. 1 certify tha (1) (this hospital) attended the deceased fram	1-4 1968 to 2-26 1971
- 1	that (D(we) last saw the deceased alive an 1-30	19 7) and that in(my) (aur) apinian death accurred an the dat
- 1	and haur and from the causes stated abave (1) (We) (did) (did nat) v	
	3A. SIGNATURE	238, DATE SIGNED
	Retar V: Had wy	nding Med. C Shiff C
	DEGREE Physician's	23D. ADDRESS
	NAME (Type)	Maryland 21043
24A.	BURIAL CREMATION, 24E, DATE 24C, NAME of CEMETERY OF CRE	3459 St. Johns Lane Ellicott City MATORT 240. JOCATION City, town, of county) (State)
6	TEMOVAL (Specify)	1. 2 11
25A.	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	Com. Sprimore Met.
	MAR 4 1971 Paber E. Jaben R.D.	25C ENNERAL DIRECTOR ADDRESS
	THE PARTY OF THE P	VIRICANIA 330 F FORD HIVE



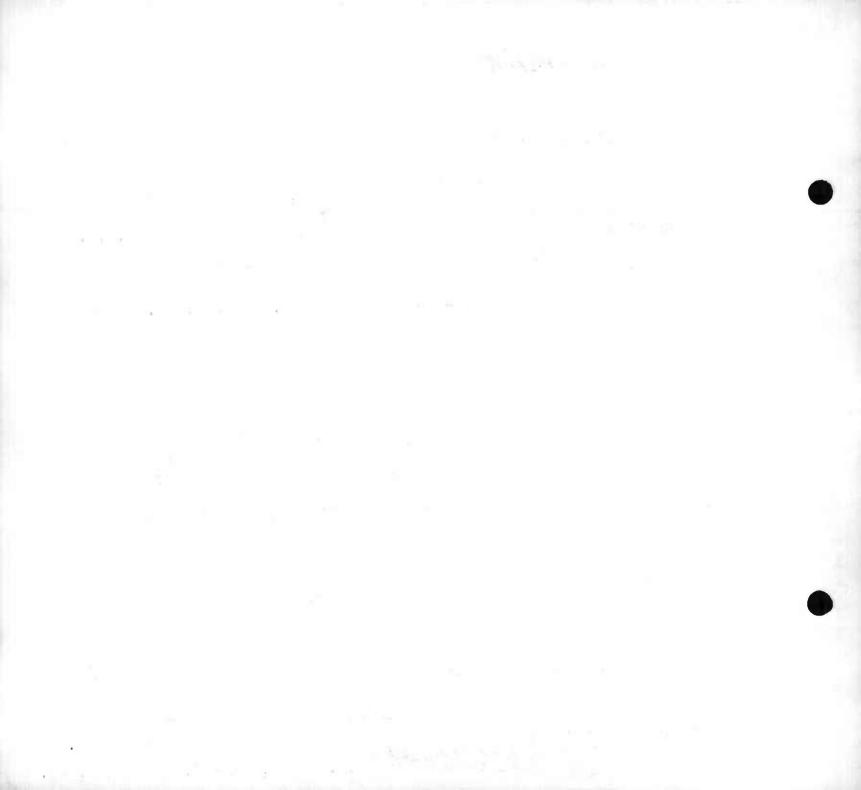


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

1/330	9		BALTIMORE CITY	HEALTH DEPARTMENT		4 100
BIRTH NO. 71	2117		CERTIFICA	TE OF DEATH	REG. NO.	71 2117
1. NAME OF DEC	Vitletoe	1. Vitte	ake	2. DATE	AND HOUR OF DEATH	12:45 AM
3. PLACE IN BALT	TIMORE MARYLAND, W	HERE PRONOU		4. USUAL RESIDENCE	Where deceased lived. If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	(NOITA	TION, GIVE STREET	c. CITY OR TOWN DUY	Baltim	IDE CITY LIMITS?
	Hospital			Balt.		YES NO
•	1,00 12 1.1 2	, 150	iltimore	E. STREET AND NUMBE	Sollers P	Point Road
5. SEXMALE	White		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 His. Months Days Hours Min.
0.	00	WIDOWED	nated .	3/1/01	69	
	JPATION (Give kind of worl working life, even if retired)	10B KIND OF	EUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
cone coring mass or v	rotally life, even a terrieo,	Canton	n RR	Georgia		U.S.A.
13. FATHER'S NAA	ΛE			14. MOTHER'S MAIDEN	NAME	
	John M. Vi	ittetoe			Emma F.	Cook
15. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT SON:	3107	Sollers Pt. Rd.
No	yes, give wer of care		security No. +09-05-8862	Mr. William V		alk, Md. 21222
18.001	XI		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DI	RECTLY		· ·		DETWEEN CHIEF AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	se Kespirator	y arrest	
heort failure.	ot mean the mode of asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	1	
	plication which caused					
A	INTECEDENT CAUSES		(0)	epticemin		
DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	above cause (A) CONDITION last	stating the	" Ha	daline		
ONDEREINING	CONDITION 1855		(c)	0.03 0.7 10.7	*******************	
TO THE DEATH	II ICANT CONDITIONS CO H BUT NOT RELATED TO TO	HE TERMINAL	myo	cardial in	Parit	
19A. DATE OF	OPERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes o	Nol 208, IF YES. WERE I	FINDINGS CONSIDERED
	WAS PER	FORMED			IN CERTIFYING CAL	USES OF DEATH?
, OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examinal	21 B. (home etc.)	PLACE OF INJURY (e.g., i , farm, factory, street, of	n at about 21 C. WHERE DIE fice bldg., INJURY OCCUR	(If In Baltimere	e City, give exact location)
D 21D. TIME	(Manth) (Dayl (Year)	(Haur) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX)		While	Nat While	• 🗆 📗		
22 1	that (1) (this hospital			1-33	20 7/.	2 / 27/
	last saw the decease		2 - 1		19 7/to	nian death occurred an the date
and hour and	fram the causes stat	red above. (i)	(We) (dld) (did not) v	lew the bady after dea		
23A.SIGNATUI	RE 1	1 11 1	// //			23B. DATE SIGNED
CIR	ICH IT	NOF	De by Becker Phys	nding Med. Director	Staff Phys.	2/28/213/1/
NAME (Ty	mel	A. Molo	oney, M.D.	Mercy Hospita	al, Baltimore,	Maryland
24A. BURIAL CREA REMOVAL (S	MATION, 248, DATE	24C.NA	ME of CEMETERY of CRE	MATORY 24E	LOCATION (Cit	ty, tawn, at county) (State)
Removal-B			sper Memorial	Gardens	Marion Co., Te	ennessee
25A. DATE REC'D	IAK 4 1971	Jaber E	Jabey M.A.	John J. Dud		ve. Dundalk, Md.
VS 150-REV. 1/1/6	8	1			-9	

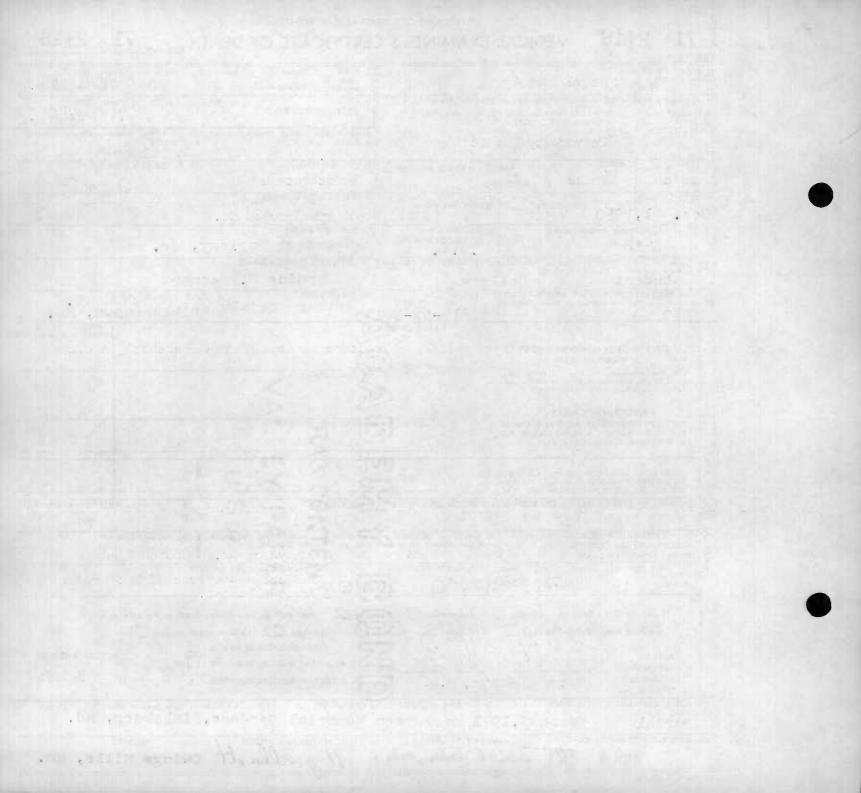


VS 150-REV. 171



VS 151-REV. 1/1/68

						ALTIMORE CIT	Y HEAL	TH DEPA	RTMENT					
	71 21	19	MED	ICAL	L EX	AMINER'	S CE	RTIF	CATE OF	DEA	TH.		71	2119
BII	RTH NO.										RE	G. NO		
I. (Ty	NAME OF DECE	ASED	roh P ow	i a l			2	. DATE OF	Known 22	Month	D	ау	Yeor	Hour
	pe ar Print) Arth	upster	rembor	ISKY				DEATH	Estimated 🔲	2		28	71	5:15 p.,
	PLACE IN BALTIA						3		UNCED DEAD	Manth		ay	Year	Haur
HO	SPITAL	ADDRESS	S OR LOCA	TION)	IOIIUIIIO	N, GIVE STREET		FROITO	ONCED DEAD	2	2	8	71	5:15 p.
UK	NOITUTION	Unix	rersit	v Ho	snit	a 1		. USUAL R	ESIDENCE (When	e deceased	lived. If i		residence	before odmission)
	30			J 110.	op.L.			_ Md			B	lti	more	530
٥.		RACE		B. MARE	RIED 🗌	NEVER MARRIED		CITY OR			D. IN	ISIDE CIT	Y LIMITS?	
	male	Whit		WIDOV		DIVORCE			terstown			YE	s 🗌	ио 🖾
	DATE OF BIRTH	. 1	0. AGE (In		If Unde Manths	er 1 Yr. If Under 24	Hrs. E	. STREET	AND NUMBER					
	ec. 31,1			0					Sunwoo	d Ct.				
II.	BIRTHPLACE (Sto		country)			IZEN OF	1:	3. FATHER						
	Ohio				U.	S.A.		A	rthur Bo	orisk	у,	r.		
14A dan	.USUAL OCCUPA eduring mast of wor	TION (Give k	and of work in if retired)	14B. KIND	OF BU	ISINESS OR INDI	USTRY 1							
<u></u>	Studer	it			leg	e			ernice (. De	pner	•		
16. (Ye	WAS DECEASED s, no or unknown) (If	ever IN U.	S, ARMED	FORCES	5?	7. SOCIAL SECURITY NO	11	B. INFORM		-1	501	Sum	PESSI	Ct.
	No					215-58-3	2813	AI'U	hur Bori	raky	Reis	ter	stown	n, Md.
	19.	121	21			CAUSE OF	DEATH							PPROXIMATE INTERVAL
	DISEASE	OR CONDITI	ON DIREC	TLY			Fra	cture	of neck	& cran	ioce	rebra		juries
		ADING TO D				(A) IMMEDI								,
	(This daes not heart failure, os	thenia, etc. It	means the	diseose,		DUE TO	OR AS	A CONSEQ	UENCE OF:					
	injury or campli	icatian which	coused deo	th.)										
	ANTI	CEDENTC	AUSES			(8)								
	DISEASES OR	CONDITIO	NS, IF ANY	GIVING		DUE TO	OR AS	A CONSE	QUENCE OF:					
7	UNDERLYING	CONDITIO	N LAST.	ING INE		(c)								
õ		11				(C)								
K	OTHER SIGNIFI	CANTCOND	ITIONS CO	NTRIBU	TING									
F	TO THE DEATH	DUDITION G	IVEN IN PA	RT 1 (A).		***************************************								*****
CERTIFICATION	20A. DATE OF C	PERATION	20B. CON	NOITIDI	FOR W	HICH OPERATION	N WAS	PERFORM	ED				21. AUTC	OPSY? (Yes or No)
O	2													yes
V		L CAUSE W		-1	22B. PL/	CE OF INJURY	(e.g., In	or obout 2	2C. WHERE DID	(If in Boltim	ore City,	give exoc	t location)	
EDIC	UNDERLYING CAUS				nome, ro	ROAD	, office b	idg., etc.) II	Sunnykin	g Dr.	& Ch	urch	Road	5300
		inth) (Day) (Hou	r) 22E.	INJURY OCCUR	RED	2	2F. HOW DID IN	JURY OC	CUR?			
	(APPROX.) 2	2. 2.8	3 71	5:00	Op WHI	LE AT	NOT WH	ILE X	Subject			of	motor	cycle
	23.								which h	it car				
	1 certify	that I hel	d on Ir	quiry	1	nspection 🗌	Autop	sy 🔯	and that on t	his basis	, deoth	In my o	pinion	
	resulted	from: Not	tural cous	s#\$ 🗌	Acc	Ident XX Su	ulcide	□ н₀	micide 🗌	Undeterm	ined me	onner []	
		1		0	-	171		(CHIEF MEDICAL	EXAMINER				
	SIGNATURE	X	YL	C	1 7 (MA	_M.D.	ASSI:	STANT MEDICAL	EXAMINER				DATE SIGNED
	EXAMINER'	/	eter	Lipko	ovic	, M.D.	_,,,,,,,	ASSO	CIATE MEDICAL	EXAMINER	XX			3/1/71
	NAME (Typ	e)												
RE	NOVAL (Specify)	14.0	. DATE			NAME of CEMET				LOCATION	N (C	ity, town,	or county) (State)
	Burial	M	arch	3,1	971	Evergre	een	Memo:	rial Gar	dens	FIN	IKSDU	irg,	MG.
25/	A. DATE REC'D BY					FREGISTRAR		25C. F	UNERAL DIRECT	OR A		AD	DRESS	
	MA	IR4	1971	16Be	B E.	Jaber, K.	Do, L	14	J. Schlie	natt	Owi	ngs	M111	Ls, Md.
-		-						1/	//					



152	01	BALTIMORE CITY HEALTH DEPARTMENT	1
d t d	5 to	BIRTH NO. 71 2120 CERTIFICATE OF DEATH X REG. NO. 71 2130	
pital and of death Deceased	on th	(Type or Print) Cilliay G. THOM AS 2/22/71 15:3	20
of		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; toxidence had	are admission
	de d	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) A. STATE B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN JOPA D. INSIDE CITY LIMITS?	200
- 3	prior to	SIM HOSPISAL OF BALT MURIE E. STREET AND NUMBER YES NO	
	- A	421 Eufield Rd 21085	
th occurred in contributing etermined car	regular ceased p n is made	WIDOWED X DIVORCED 7 7/25/91 lost birthdoy) 79 Months; Days How	Under 24 Hrs.
そっき	i de ci	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WH	AT COUNTRY?
dea ct or	the sposit	Housewife Homekeeping Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
F :: 1 :: (4)		Henry Beatty Kattie	
assistant if the dii	5 °-	Henry Beatty 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) of yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	21085
RT Ssiss the think is ki	dea ince final	No 216-03-8671 Margaret A. Thomas 421 Enfield Rd. Jo	
IMPORTANT or his assistant Also, if the dir	o de	CAUSE OF DEATH	ATE INTERVAL SET AND DEATH
0 - 5		(This does not mean the made of dylan, e.g. (A)IMMEDIATE CAUSE (A) (COUT)	***********
OR:	gular atte	heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)	
CTC Kam	regit	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	990000000000
W SX	_ 0	ise to the abave cause (A) stating the UNDERLYING CONDITION tast. (C)	
AL medi edic	physician an was ir remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ASCVI) - Coronary in ruftieury. ASCVI) - Coronary in ruftieury. Ascvi) - Coronary in ruftieury. Braset wellity - Penjetued faufneury.	
chies Body	sici the	198. CONDITION FOR WHICH OPERATION 208. AUTOPSY? (Yes of No.) 208. IP YES, WERE FINDINGS CONSIDERE (IN CERTIFYING CAUSES OF DEATH?)	D
- 5-0	where No pf	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?	an)
	2 S 5	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURED OF INJURY (APPROX.) While At Work At Work	
Part r	exce ; and obtai	22. I certify that ((this hospital) attended the deceased from 2/6/119 ta 2/27/7/	_19
2 2 2 2	559	that (9 (we) last saw the deceased alive an	an the date
st b	ospital death) must b	and hour and fram the causes stated abave. (1) (We) (did) (didsat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED	
must eleas ccide		Attending Med. Staff 2/27	121
icate was r An a	prior	Puig-Anticlars Puig-Antich 23D. Address Suci Histor	
E PE	0 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	(State)
0 0	was D.O. deceased written a	Burial 3-1-71 Baltimore Cemetery Baltimore 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS.	Md.
This of the b	dece	256. Date REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 25C. FUNERA	
	12	VS 150-REV. 1/1/68	



IMPORTANT

DIRECTOR:

YES WW I

16 . 5 . . .

BI	71. RTH NO.	2132 ME	DICAL	EXAMINER'S	CERTIFICATE	OF DEAT	H REG. NO.	71	2132
1.	NAME OF DEC	EASEDKarel HUGO / LAMBEI	Huri RTS MA	relbrinck	2. DATE Known OF DEATH Estimot	☐ Month	Day	Year	Hour M.
FU	PLACE IN BAL LL NAME OF DSPITAL INSTITUTION	TIMORE, MARYLAND, (IF NOT IN HOSE ADDRESS OR LO	TAL OR INSTIT	ONOUNCED DEAD OUTION, GIVE STREET	3. DATE PRONOUNCED DE	rebrua			11:15 A _M
6	20110	Bellemore Ro			S. USUAL RESIDENCE A. STATE Md.	(Where deceosed li	B. COUNTY	Balt	AND ALL .
1	sex Ma le	7. RACE White	WIDOWE		Baltimore		D. INSIDE CIT	677	40 🗆
	3/15/194	4 lost birth	dov) 26 ^	If Under 1 Yr. If Under 24 Hrs. Aonths: Doys: Hours: Min.	5909 Wilman				in House
	Baltim	itote or loreign country ione, Md.		WHAT COUNTRY?	Hugo K.L.		ck		
144 dor	None	PATION (Give kind of wo vorking life, even if retired	rk 148. KIND (OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDE Harriet Co				
16. (Ye	WAS DECEAS s, no or unknown) NO	ED EVER IN U.S. ARM (If yes, give wor or dok	ED FORCES?	17. SOCIAL 21 5425292	Mrs. Harrie	t C. Quand		DRESS ilmary	Lane
	(This does n heart foilure injury or con	E OR CONDITION DIL LEADING TO DEATH of meon the mode of , osthenio, etc. It meons nplicotion which coused of	dylng, e.g., the diseose,	(A)IMMEDIATE C DUE TO, OR A	wound of hea				ROXIMATE INTERVAL IEN ONSET AND DEATH
NO	DISEASES (OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST	TATING THE	(C)	AS A CONSEQUENCE O	F:			
CERTIFICATION	TO THE DEA	II IFICANT CONDITIONS ATH BUT NOT RELATED CONDITION GIVEN IN	TO THE TERMIN	NG IAL					
L CERT	0	OPERATION 208. C	ONDITION FO	OR WHICH OPERATION WA	AS PERFORMED			21. AUTOP	SY? (Yes or No)
MEDICA	UNDERLYING UTING CA 22D. TIME OF INJURY		eor) (Hour)		bldg., etc.) INJURY OC 110 Be	11emore Report Notes	oad	(location)	2
	ACTUAL SIGNATI EXAMIN NAME (T	eR'S (ype) Charles	& S. Sp:	Inspection X Au Accident Suicid	Homicide CHIEF MEE ASSISTANT MEE ASSOCIATE MEE	Undeterminical Examiner DICAL EXAMINER DICAL EXAMINER DICAL EXAMINER	ned monner		DATE SIGNED /71
RE	A. BURIAL CREA MOVAL (Special	3/1/3	L971	Woodlawn Comet	tery	Woodlawn	n Bal	Lto.	(Stote) M d
	AM			ME OF REGISTRAR	Mitchell	Wiedefeld		DRESS DO Yor	k Rd.
V 5	151-REV. 1/1/68	1185	also 1	5 8 90	60 1 60				

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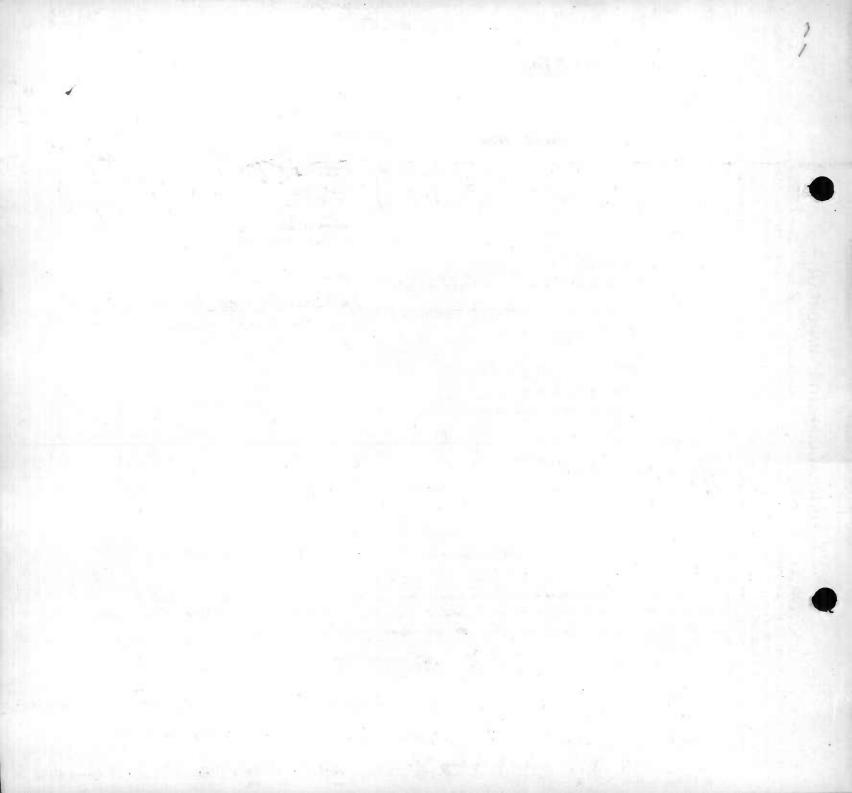
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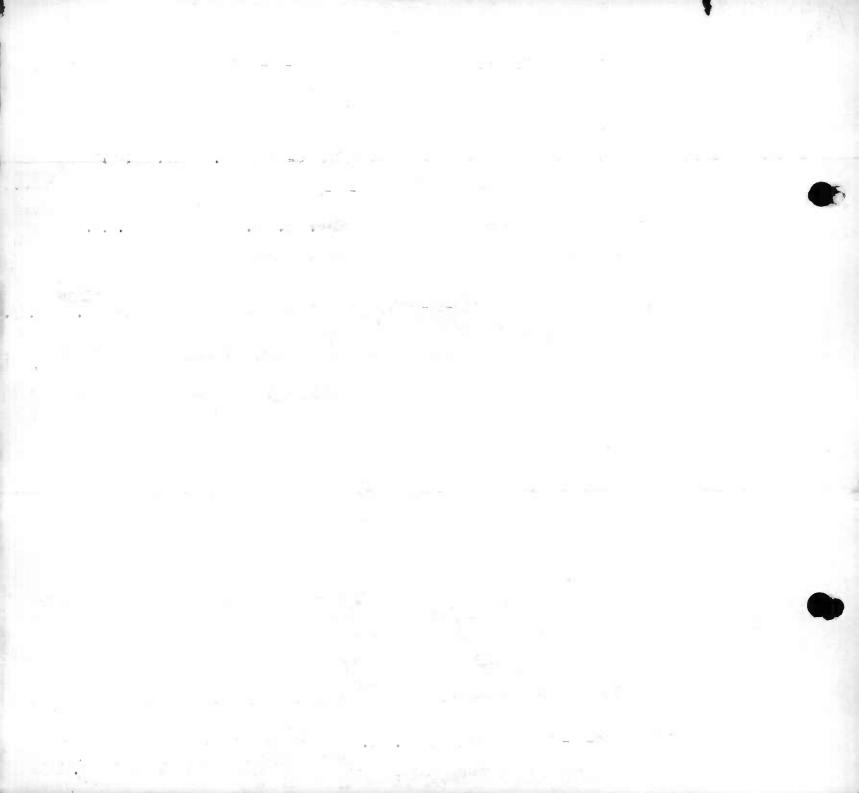
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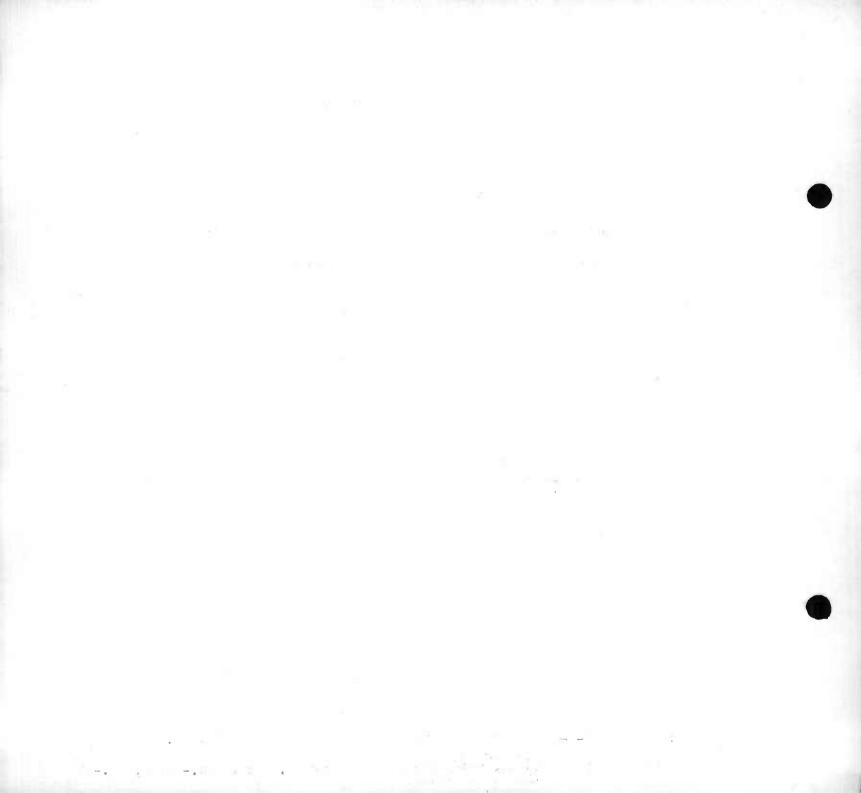
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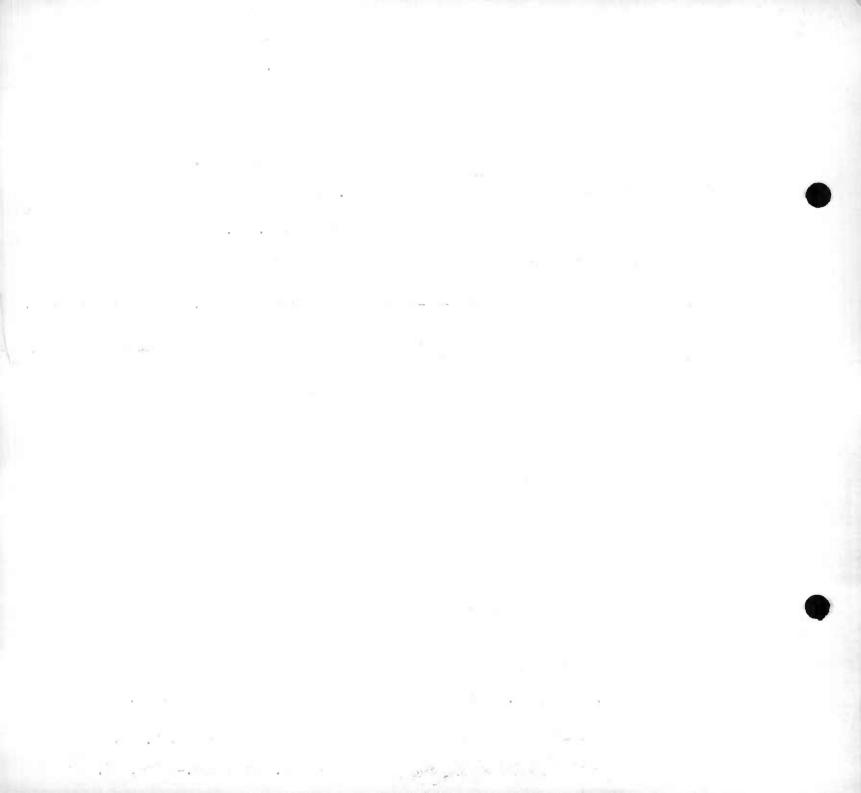
9 Bt 4 GC ***	Elizabeth	Milchli	ng	2. DATE A	ND HOUR OF DEAT	1 12 3
J. PLACE IN BAL	TIMORE, MARYLAND,					institution: residence before o
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTI	TUTION, GIVE STREET	M33	It D.	5 2
INSTITUTION		AIIONI		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
9 Hood	Nursing Home			Baltimore E. STREET AND NUMBER		YES- NO
10	S. Carlotte			5001 Hazelwood	Ave. Balt	o. Md. 21206
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost) Birthdoy) 88	Il Under 1 Yr. If Under Months Doys Hours
F	W	WIDOWED	DIVORCED [5-24-1882		
done during most of v	JPATION (Give kind of wor working life, even if retired) 11e	I IOB. KIND O		11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT
		Home		Balto. Co. M		U.S.A.
13. FATHER'S NAA Andrew	Reinhardt			Augusta Wolfu		
	Ever in U. S. Armed Fo	15067	II 4 cocial			
(Yes, no or unknown)	Of yes, give wor or dot	os of servico)	SECURITY NO.	17. INFORMANT		21236
18. / 44			219-16-7534	Miss Mildred	Plumer 4303	Plumer Ave Ba
70	E OR CONDITION DI	RECTIV	CAUSE OF DEAT	n	,	APPROXIMATE IT
	LEADING TO DEATH		(A)IMMEDIATE CAL	ISE CALLBIA	bites	dus
heort foilure, o	of meon the mode of asthenio, etc. 11 means	the disease,	DILE TO OR AC	A CONSEQUENCE OF:	June	
injury at comp	plicolion which caused	deoth.)		ASCVD.	W. A I.	disens.
	INTECEDENT CAUSES		(β)	MICLY	WITH HUME	years,
rise to the	R CONDITIONS, il obove couse (A)	ony, giving sloting the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING	CONDITION last.		(c)	******************		
Z OTHER SIGNIE	CANT CONDITIONS CO	MIDIRITING				
O CONTRACTOR OF THE PARTY OF TH	BUT NOT RELATED TO TONDITION GIVEN IN PAR	HE TERMINAL	****************			
I DISEASE OR CO	THE PARTY OF THE P	DITION FOR	WHICH OPERATION			SIMPLINES CONSIDERED
DISEASE OR CO	OPERATION 198. CON	FORMED	WINDLE OF ERATION	20A. AUTOPST? (Yes or No	208. IF YES, WERE	ALISES OF DEATHS
DISEASE OR CO	WAS PER	FORMED		20 A. AUTOPST? (Yes or No		
DISEASE OR CO	T WAS UNDERLYING	FORMED 218	PLACE OF INJURY (e.g., in	20A. AUTOPST? (Yes or No		AUSES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examines	PORMED 218 homelc.	PLACE OF INJURY (e.g., in te, form, foctory, street, of	n or obout 21C, WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	
OR CONTRIBUT	T WAS UNDERLYING	21 B hom elc. (Hour) 21 E Wh	. PLACE OF INJURY (e.g., in e.g., form, foctory, street, of injury occurred	n or obout 21C. WHERE DID INJURY OCCUR?	(If In Boltimo	
OR CONTRIBUTE DEATH Incidity of	T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Dayl (Year)	218 homelcs Wh. Wo	PLACE OF INJURY (e.g., in item, foctory, street, of item). INJURY OCCURRED ile Al Not White At Work	or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltime	ore City, give exact location)
OR CONTRIBUTE DEATH Innuity DEATH Innuity OF INJURY (APPROX.) 22. I certify t	T WAS UNDERLYING TING CAUSE OF medical examined (Month) (Dayl (Year)	21B hornelc. (Hourh 21E Whom wo	PLACE OF INJURY (e.g., in e., form, foctory, street, of INJURY OCCURRED its At Work he deceased fram	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimo	ore City, give exact location)
OR CONTRIBUTE DEATH Innaily 21D.TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we) I	T WAS UNDERLYING TING CAUSE OF medical examiner (Manth) (Dayl (Year) that (1) (this hospital ast saw the decease	218 homels. (Hour) 21E, Wh. Wo	INJURY OCCURRED ile Al Nol White At Work he deceased fram	21F. HOW DID INJ	(If In Boltimo	ore City, give exact location)
OR CONTRIBUTE DEATH Innaily DEATH INNAIL DE	T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Dayl (Year) that (1) (this haspital last saw the decease from the causes state	218 homels. (Hour) 21E, Wh. Wo	INJURY OCCURRED ile Al Nol White At Work he deceased fram	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimo	2 19
OR CONTRIBUTE DEATH Inniffy 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (we) I ond haur and	T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Dayl (Year) that (1) (this haspital last saw the decease from the causes state	218 homels 218 wh 215 wh 216 wh 216 wh 216 wh 216 wh 216 who 216 who	PLACE OF INJURY (e.g., in ite, form, factory, street, of ite, form, factory, street, of ite Al Nol White At Work the deceased fram 2 / 18 / 18 / 18 / 18 / 18 / 18 / 18 /	21F. HOW DID INJ	(If In Boltime	2 19. Inlan death accurred an
OR CONTRIBUTED DEATH Inclify OF INJURY (APPROX.) 22. I certify that (I) (we) I ond haur and 23A. SIGNATUR	T WAS UNDERLYING TING CAUSE OF medical examines) (Month) (Doyl (Year) that (1) (this haspital last saw the decease fram the causes state	218 homels 218 wh 215 wh 216 wh 216 wh 216 wh 216 wh 216 who 216 who	INJURY OCCURRED ile Al Nol While At Work he deceased fram 2 / 13 /) (We) (dld) (dld nat) v.	21F. HOW DID INJ	(If In Boltimo	2 19
OR CONTRIBUTE DEATH Innifity 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) I ond haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Type	T WAS UNDERLYING TING CAUSE OF medical examiner (Month) (Doyl (Year) that (1) (this hospital last saw the decease fram the causes state Than the causes state	218 homels 218 wh 215 wh 216 wh 216 wh 216 wh 216 wh 216 who 216 who	INJURY OCCURRED ile Al Nol While k At Work he deceased fram 2 / 13 /) (We) (dld) (dld nat) v DEGREE Phys	21F. HOW DID INJ	(If In Boltime	2 19. Inlan death accurred an
OR CONTRIBUTE DEATH Innifity 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) I ond haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Type)	T WAS UNDERLYING TING CAUSE OF medical examiner (Month) (Doyl (Year) that (1) (this hospital last saw the decease fram the causes state Than the causes state	(Hour) 21E, Wh Wo	INJURY OCCURRED ile Al Nol While At Work he deceased fram 2 / 13 /) (We) (dld) (dld nat) v.	21F. HOW DID INJ	(If In Boltime URY OCCUR? 19 68 to 2 of In(my) (aur) ap Stoff Phys. L PJ 1	2 19. Inlan death accurred an
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VS 150-REV. 1/1/68

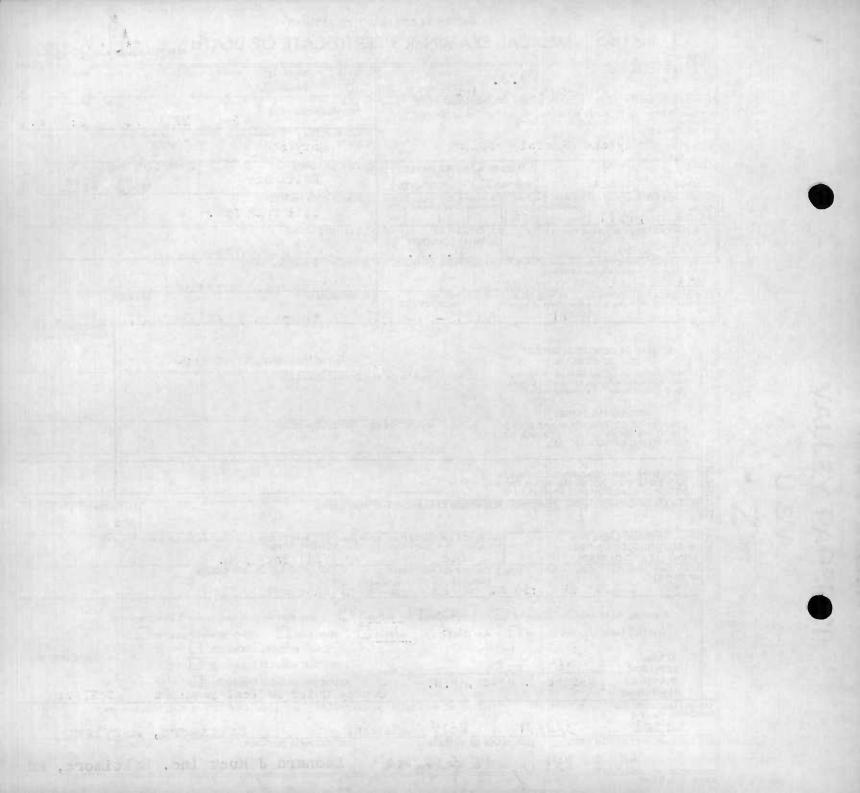


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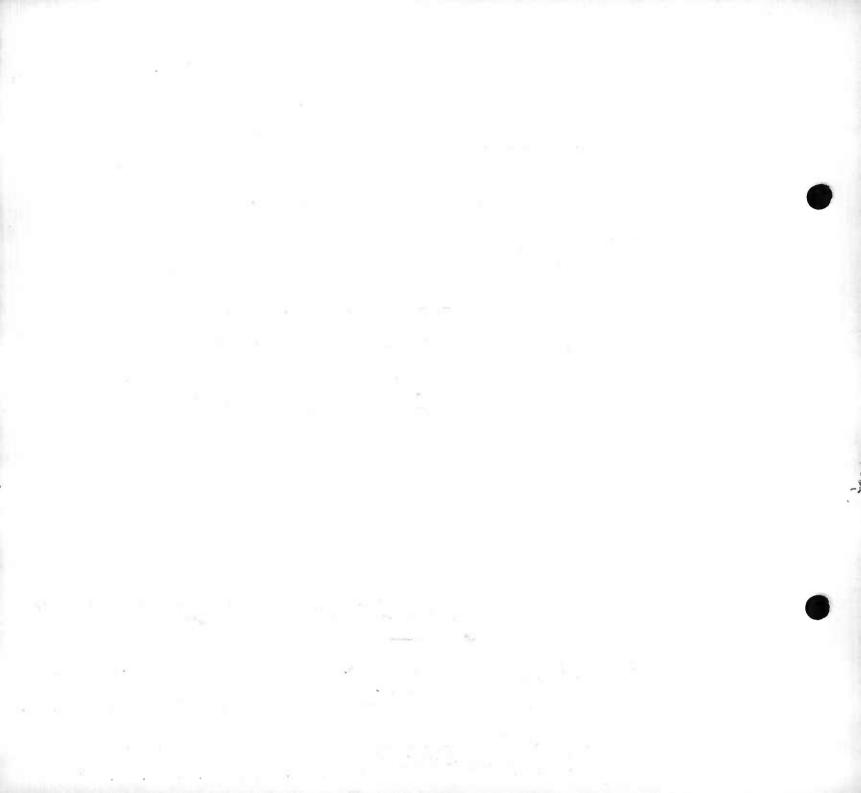
71 2128 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 2128
I. NAME OF DECEASED	
(Type or Print) Anthony Preller	2. DATE Known 12 Manth Day Year Hour OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 2 27 71 5:30 a. 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
48 Maryland General Hospital	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white WIDOWED DIVORCED	Baltimore YES√ NO□
9. DATE OF BIRTH 10. AGE (in years # Under I Yr. II Under 24 Hrs. Iost birthdoy) O Months Doys Hours Min.	E. STREET AND NUMBER
June 22, 1911 1 1 1 1 1 1 1 1	
II. BIRTHPLACE (Stote or foreign country) Maryland II. CITIZEN OF WHAT COUNTRY? U.S. A.	George Preller
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of working lile, even if retired) NAXKXXXXXXX Maintenance	Fligoboth Dunttuon
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	Elizabeth Burttuer [18. INFORMANT ADDRESS
(Yes, no ar unknown)(If yes, give wor ar dotes of service) Yes WW 11 219-01-63	TO 14
19. CAUSE OF DEA	58 Mrs Thefresa Preller 2801 White Ave
2-799/	BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY	Gunshot wound of head
LEADING TO DEATH (This does not mean the mode of dying, e.g., DIFTO OR	CAUSE
heart foilure, osthenio, etc. It meons the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF:
may or complete non-which coused deville,	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
0 7	yes
Z22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in as about 22C WHERE DID (II in Relitinosa City, also super legalica)
UNDERLYING OR CONTRIB. home, form, foctory, street, olling	ce bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. home 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	511 Park Ave. // / 2
OF INITIDY	
(APPROX.) 2 27 71 4:50 am WORK	shot self
I certify that I held on Inquity Inspection A	stopsy 🔀 and that on this basis, death in my opinion
	de XX Hamicide Undetermined manner
A COLD	CHIEF MEDICAL EXAMINER
ACTUAL V/SWEY 7/12	ASSISTANT MEDICAL EVAMINED TO DATE SIGNED
SIGNATURE M.I. Spitz M.D.	5.
" Carred O. Dearen's Mileto	ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner 2/27/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 3/2/71 Holy Rede	eemer Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAK 4 1971 Vallet E. Farley M. D.	Leonard J Ruck Inc. Baltimore, Mc
VS 151-REV. 1/1/68	



IMPORTAN

DIRECTOR:

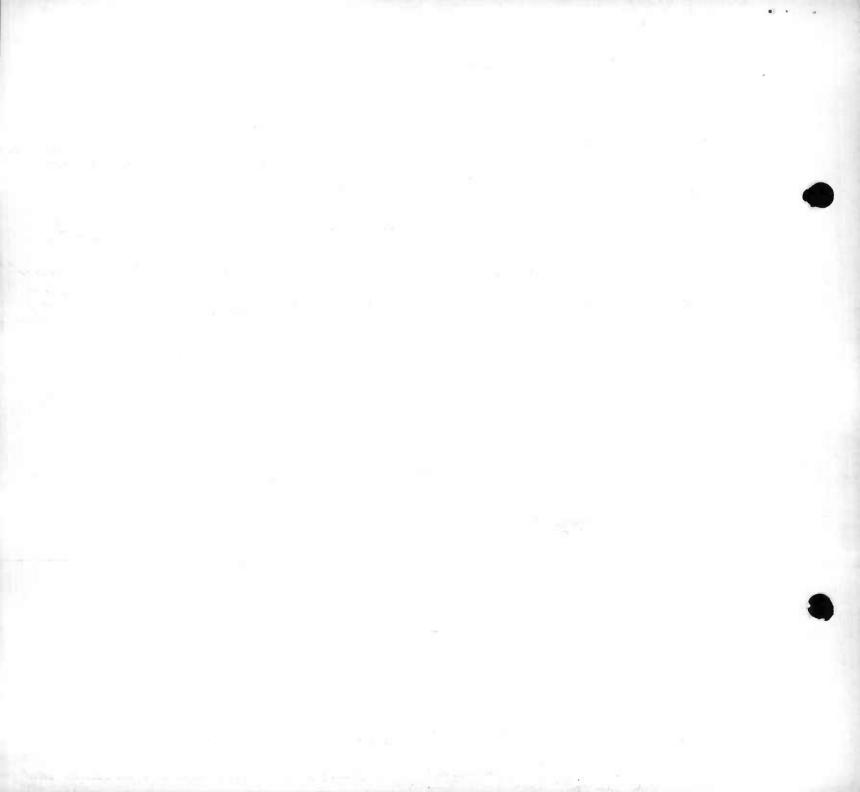
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10	F30	BALTIMORE CITY	BALTIMORE CITY HEALTH DEPARTMENT					
BIRTH N	0. 71 2131	CERTIFICA	TE OF DEATH	REG. NO.	1 2131			
1. NAME (Typo or	Print) ANINV NOUL	110 0	2. DATE A	ND HOUR OF DEATH	. 7 20			
3. PLAC	E IN BALTIMORE, MARYLAND, WHERE PROJ	NOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived, if instit	viion: residence before edmission)			
FULL N. HOSPITA	AME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	A. STATE B. COUNTY ANNE ARUNDEL 5200 C. CITY OR TOWN D. INSIDE CITY LIMITS?					
V.Bo	N SECOUR HOSP.		B'EVERNA YES NO					
FA		LTO-,23.	E. STREET AND NUMBER CYCSTWOOL MODILE POST OFFICE 14 Home Park					
5. SEX	(WIDOW		8. DATE OF BIRTH 1-23-14	5	f Under 1 Yr. II Under 24 Hrs. Nonths Doys Hours Min.			
IOA, USU	AL OCCUPATION (Give kind of work 108, KIND no most of working life, even if refired)	- 1 // 1	11. BIRTHPLACE (State or fore	eign country)	2. CITIZEN OF WHAT COUNTRY?			
EQU	I PHENT OPERATOR.	J. LANGAN te Her	MOANOKE	, VA	U.S.A.			
13. FATH	S.G. BAND	4	14. MOTHER'S MAIDEN NA	AN Knthan	ne Ablorman			
15. Was	Deceased Ever in U. S. Armod Ferces? runknown)[If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	11/1/14/11/11	ADDRESS			
n	o none	224-09-3	736 - Mrs I	reade V. B	ands as #4			
18.	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT			APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH			
(This	LEADING TO DEATH s does not mean the made of dying, e.	(A) IMMEDIATE CAU	SE Brouchogenie	Caremona,	2 month			
heor	t failure, oslhenio, etc. Il means the disear y or camplication which caused deoth.)	DOC TO, OR AS	CONSEQUENCE OF: Ple	ural effusi	con			
	ANTECEDENT CAUSES	(B) AS	4D with Cx	HF.	months			
nise	ASES OR CONDITIONS, it ony, giving to the obave couse (A) stating to DERLYING CONDITION last.	ng DUE TO, OR AS he (C)	A CONSEQUENCE OF:					
7	II			4				
O OTHE	ER SIGNIFICANT CONDITIONS CONTRIBUTIN HE DEATH BUT NOT RELATED TO THE TERMINA		um of abeli	munal aon	ta mouths			
	ASE OR CONDITION GIVEN IN PART 1 (A). DATE OF OPERATION 198 CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yos or No	O) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE	S OF DEATH?			
ORC	CAUSE OF	PLACE OF INJURY (e.g., Interest of sic.)	or obout 21 C. WHERE DID	1	ity, give exect location)			
21D.	NJURY	L INJURY OCCURRED	21 F. HOW DID INJ	IURY OCCUR?				
(APPI	POYI	While At _ Not While Work At Work		g-man-				
	certify that (1) (this hospital) attended	A 4		19 7) to Alex				
	(1) (we) lost saw the deceased alive or				n death occurred on the date			
	haur and from the causes stoted obave.	(1) (We) (dld) (dld not) v	lew the body ofter death.		P DATE SCHED			
	(hunuh Prut	Date	Med. Director	Staff Phys.	March 3,7/			
23C.	PHYSICIAMS NAME (Type) CHUMSAIC PRU	DEGREE	3D. ADDRESS	omo Hazpito				
MEN	HAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE	MATORY 24D. L	/	own, or county) (Stote)			
25A, DAT		e OF REGISTRAR	25C. FUNERAL DIRECTOR	Miller	ADDRESS Glan Burns Mid			
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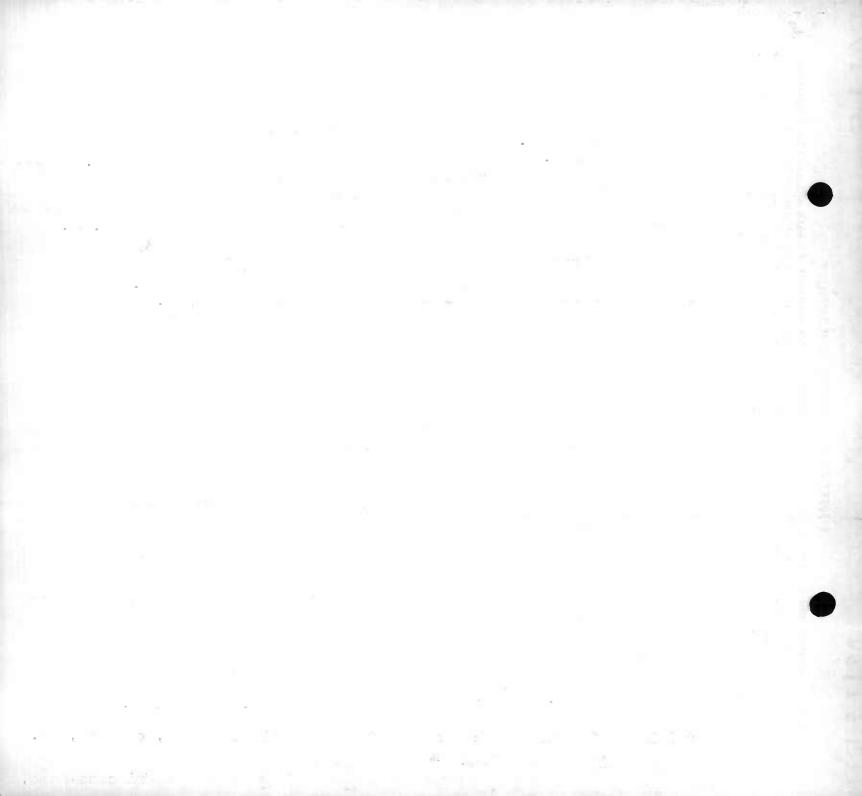
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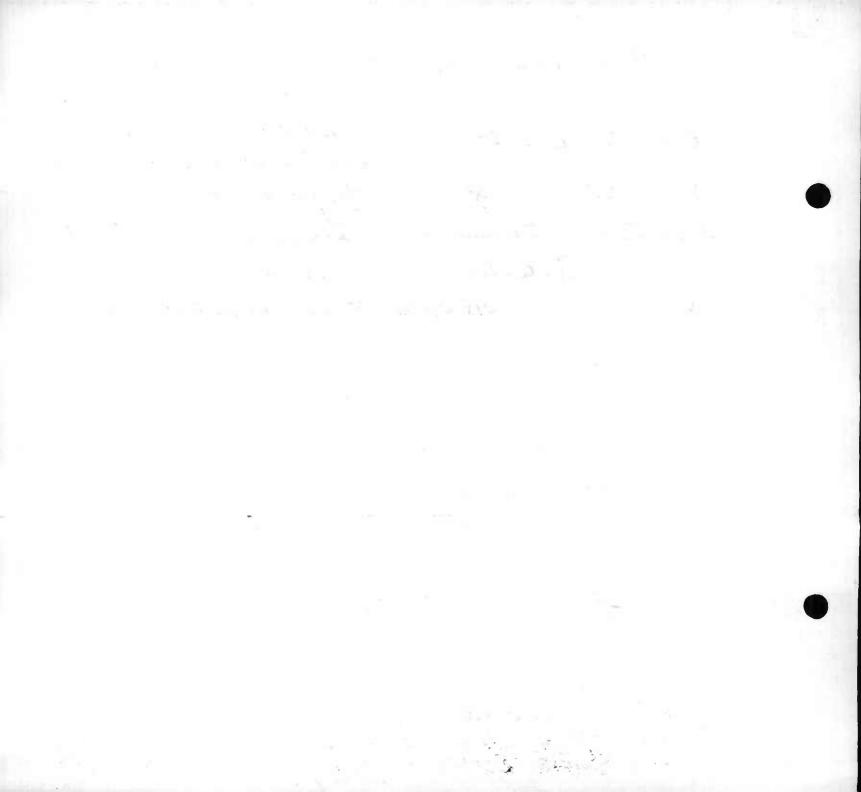
pital and of death Deceased Such HO ance eat COUSO contributing etermined regular deceased = death uo attendance pronounced OF pem embal 9 regul the remains MOS physician before here S. nature; obtained 9 (except ; and (6) eath) hospital O prior to

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE I Where deceased lived, If institution: residence before admission A, STATE 8. COUNTY Maryland Princess Ann FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore City Hospitals Princess Anne NO X 4940 Eastern Ave. E. STREET AND NUMBER Baltimore, Md. 21224 21853 Somerset Heights Princess Ann Md. 5. SEK 6. RACE MARRIED NEVER MARRIED 9. AGE (In years lost birthday) 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Hours Months Doys White Male WIDOWED DIVORCED 39 3 - 8 - 31ICA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Salesman U.S.A. New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carroll Turner Iva Larson 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 6. SOCIAL 17. INFORMANT 4940 Eastern Ave. ADDRESS SECURITY NO. 220-26-8603 BCH Records: Baltimore, Md. 21224 Yes Korean CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the discose, Injury ar complication which caused death.) (B) THROMBOCY TO PENIA
DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21& PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (II In Boltimore City, give exect location) home, form, foctory, street, office bldg, INJURY OCCUR? MEDICAL DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At [APPROX.) 22. I certify that ((1)) this hospital) attended the deceased from 211-13 that((i) ()we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred on the date ond hour and from the couses stated above. ((1))We) (Cid) (did not) view the body after deoth. 23A. SIGNATURE 23B, DATE SIGNED Attending [Phys. 23C. HYSICIAN'S NAME (Type) 23D. ADDRESS Baltimore City Hospitals Richard K. Maza M.D 4940 Eastern Ave. Baltimore, Md. 21224 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 1 Stry your, or county)

approval Beechwood Cemetery Princess Anne, Somerset, Burial 25A. DATE REC'D BY HEALTH DE 25C. FUNERAL DIRECTOR V\$ 150-REV. 1/1/68



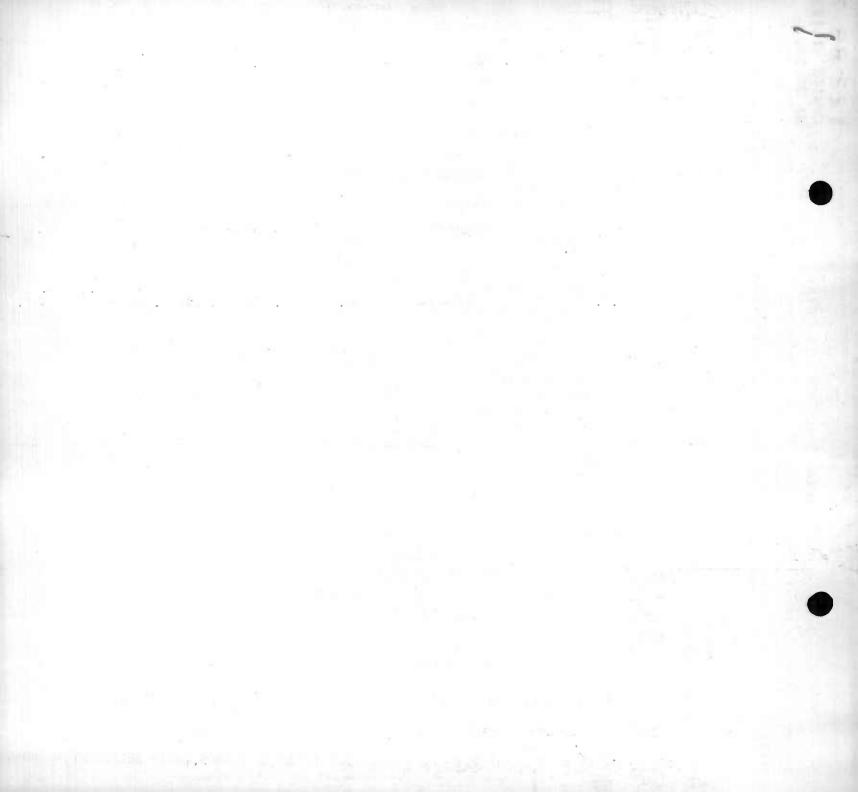
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	death death eased n the Such	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH	
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	4, 0	A. STARE B. COUNTY	n)
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	ng cause; cause; attend	0834 Hollins St. VESTONO NUMBER	-
	O L .	834 Holling St - 21201	
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	the et on	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPL CE (Stole or loroign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPL CE (Stole or loroign country)	Y?
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	if derect of (4) Un was the case of the ca	13. FATHER'S NAME	_
Z		-: Belaites unknown	
4	ar of a	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [Uf yes, give war or dotes of service] 16. SOCIAL SECURITY NO.	_
ORT	SETAPE	NO - 215-09-7605 Leonard narbut - 834 Holling St	m.,
	s as if any ced nda	18. 4 APPROXIMATE INTERVAL	H.
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2	at a di a	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yos of No.) 208. IF YES, WERE FINDINGS CONSIDERED	
Z	chi Bod Bod the the	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yos of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
FU	for 5 pe	OR CONTRIBUTING CAUSE OF	-
	spital ure; (whe who	DEATH (notify medical examined) etc.)	
	96550	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At The Not While Company of the C	_
	9 5 0 0 -	While At Not While Not Work Not Work	,
	he he had and and obtain	22. I certify that (1) (this hospital) attended the deceased from 1966 to March 1966	_
	F o o	that (1) (we) last saw the deceased alive on Much 1971 and that in (my) (aur) apinian death accurred on the date	te
	st be a ased to lent of pspital death) nust b	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	
	leased ident o hospita o death	23A. SIGNATURE 23B. DATE SIGNED	-
	eleas ccide ccide a hos to d	Attending Phys. Staff Phys. Director Phys. 3, 7/	
	was re An ac A. at a prior i	230. ADDRESS NAME (Type) 7 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-
		proper 1/3/1/1/ Reus ave pair ma	
	E = 0 0 - 1	240. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 151010)	-
	bo de	Durent 3/6/71 Hals Ledeemer. Patt. hid	
	This certification of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 2025E, NAMOOF EGISTAND 25C. FUNERAL, DIRECTOR ADDRESS ADDRESS ADDRESS	7
		VS 150-REV. 1/1/68	=



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DIRECTOR:

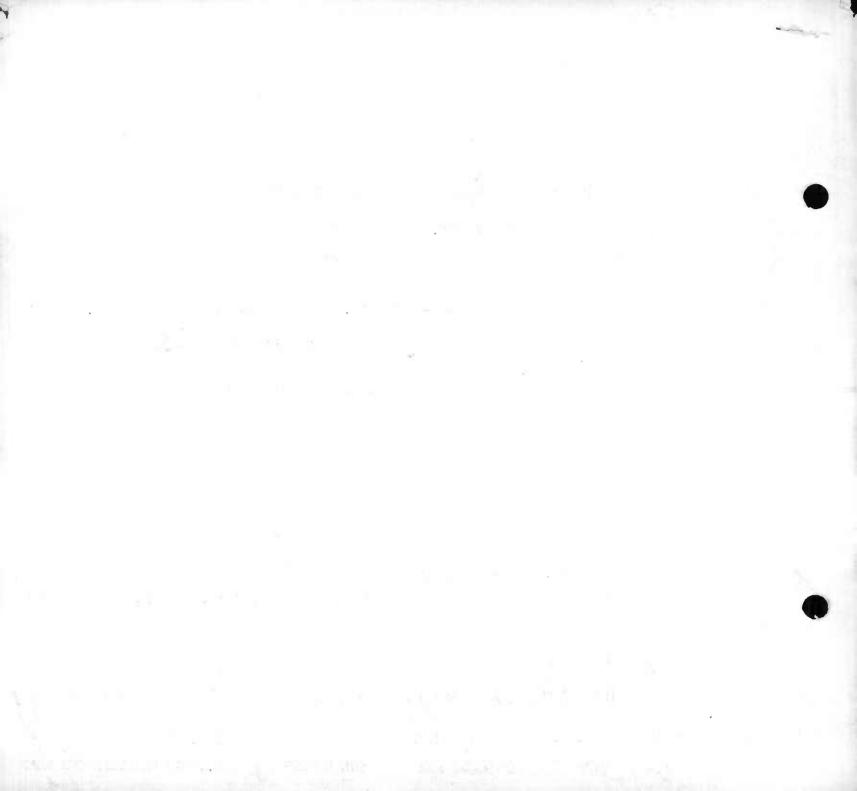
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

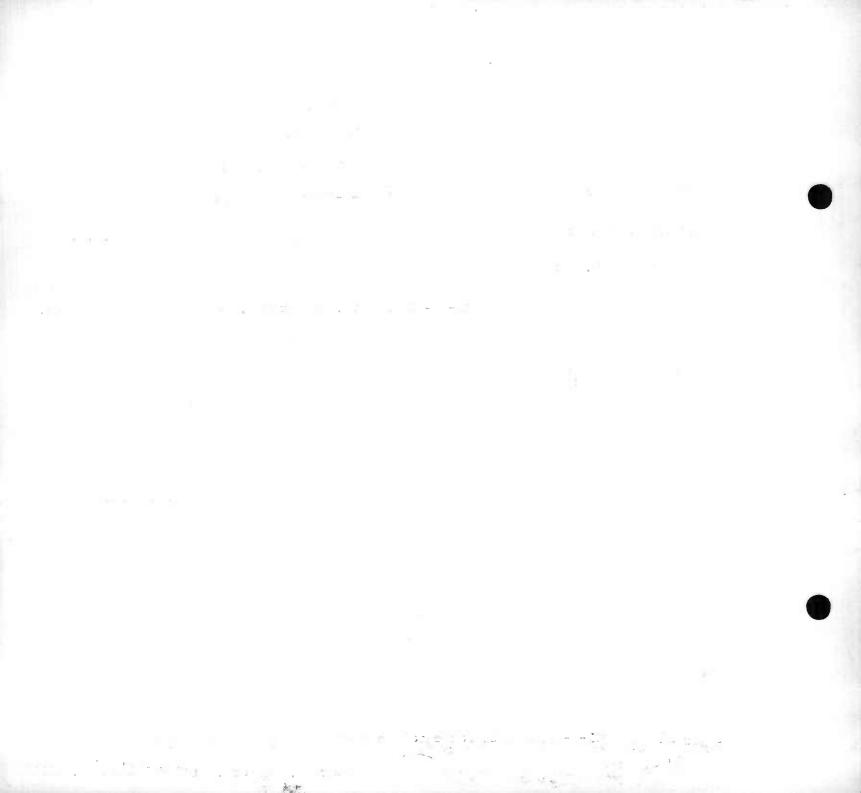
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ADDRESS

, If Under 24 Hrs. Hours : Min.

IMPORTAN DIRECTOR: FUNERAL





						BALTIMORE CITY HE	ALTH DEP	ARTMENT		X			
BI	71 RTH NC.	2139	MED	DICAI	_ E>	CAMINER'S	CERTIF	ICATE	OF	DEA	TH REG. NO.	71	2139
1:	NAME OF D	ECEASED					2. DATE	Known	XX	Month	Day	Yeor	Hour
(,)	Lawrence S. Miller						DEATH	Estimo	led 🔲	3	1	71	12:56 a.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE			Month	Doy	Yeor	Hour
HC	SPITAL	(if i	NOT IN HOSPIT PRESS OR LOCA	AL OR INS ATFON)	TITUTIC	ON, GIVE STREET	PRON	DUNCED DE	EAD	3	1	71	112:56 a
OK	3	Bal	timore	City	Hos	pital	5. USUAL A. STATE Md.	RESIDENCE	(Where	e deceased	lived. Il institution: B. COUNTY Carro		before odmission)
6.	SEX	7. RACE		B. MARI	RIED 2	NEVER MARRIED	C. CITY C	RTOWN			D. INSIDE CIT		
1	male	Whi	te	WIDOV	-		Ma	nchest	er		VE	s 🕮	NO 🗆
9. 1	DATE OF BI	RTH	ID. AGE (I		If Un	der I Yr. If Under 24 Hrs.	E. STREET	AND NUM	BER				140 🚨
	1/8/50		21	ν)	Monii	is Doys Hours Min.	21	l Sout	h Ms	in Si	treet		
		(Stole or for	eign country)			TIZEN OF	13. FATHE	R'S NAME	Tr life	XIII D	oreer.		
	Baltim	ore. M	id.		W	HAT COUNTRY?	Geo	rea St	en lit	no Mi	111.00		
14A	USUAL OCC	UPATION (ive kind of work	148. KINE	OF B	USINESS OR INDUSTRY	15. MOTH	ER'S MAIDE	N NA	ME I	TTTEL		
2013	Truck	driver	even itreffred)	Atl	as	Trans. Co.	Eli	zabeth	McC	affre	v		
16.	WAS DECEA	SED EVER I	N U.S. ARMEI	FORCES	5?	17. SOCIAL SECURITY NO.	18. INFO		1100	/4111	V	DRESS	
(10		Reserv	e wor or dates		,	217-50-1477	Mrs	. G. S	tenl	ine 1	Wei	stmin	ster RD#
	19.	101				CAUSE OF DEA		. u. D	0617	-TIIK I	TITEL		PPROXIMATE INTERVA
	DISE	SE OF COL	NDITION DIRE	CTIV		M	11+1-1					BETV	WEEN ONSET AND DE
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				, GIVING		(B)DUE TO, OR	AS A CONS	EQUENCE O	F:				
	RISE TO T	HE ABOVE O	TIONS, IF ANY CAUSE (A) STA ITION LAST.	TING THE								100	
8						(c)				************			
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	NAME		erer My	JKOVI.	, I	1.0.	ASS	OCIATE MED	JICAL E	AAMINER	-FT-		J/I/AA/I
	BURIAL CR		248. DATE		24C	NAME of CEMETERY	or CREMAT	ORY	24D.	OCATION	(City, town,	or county	(Stote)
KEI	MOVAL (Spe Buria:		3/3/71		K	rider's Cem	atenu		We	stmin	ster-Car		

3/3/71 Krider's Cemetery Wes

H DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

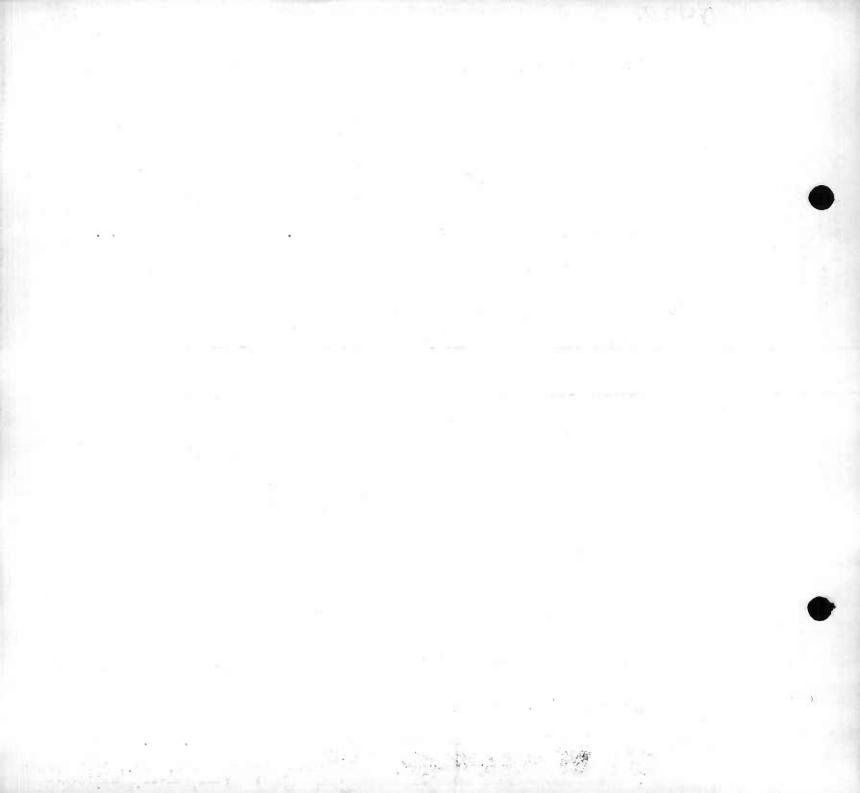
371 Robert E. Jackey K. 2. 70. VS 151-REV. 1/1/68

Burial 3/3/71
25A. DATE REC'D BY HEALTH DEPT.

Westminster-Carroll Co.-Md.

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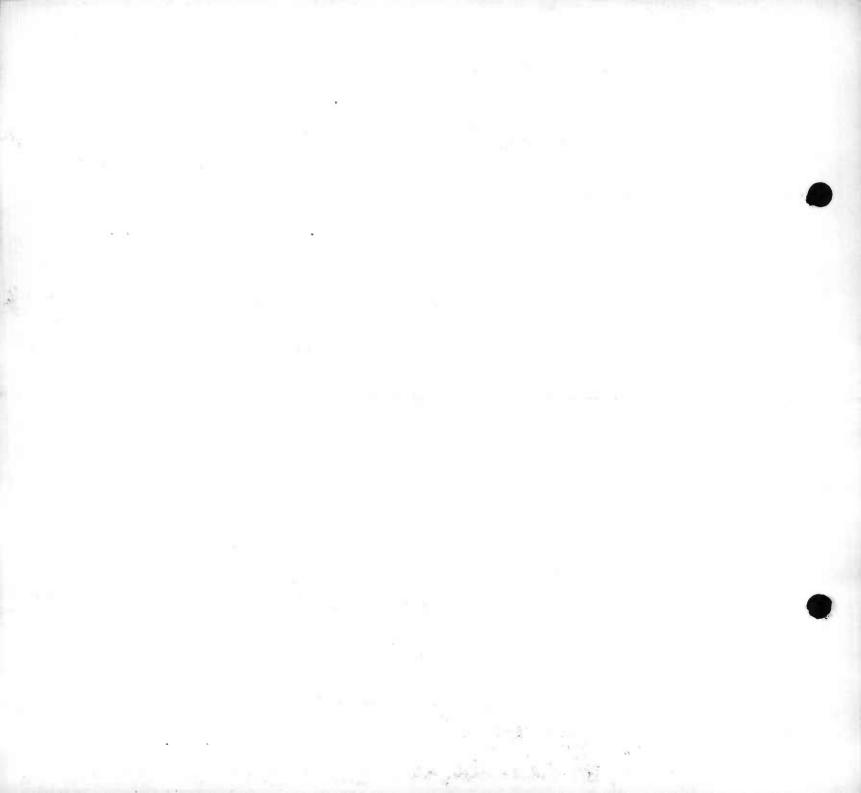
04	291 2140			HEALTH DEPARTMENT	REG. NO	ru 04.40		
BIRTH NO			CERTIFICA	TE OF DEATH	REG. NO	/1 / 2140		
1. NAME (Type or F	OF DECEASED				HOUR OF DEATH			
	GEORGE				2-26-71	1:10 Pm		
3. PLACE	IN BALTIMORE, MARYLAN	D, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceosed lived. If i	nstitution: residence before admission)		
FULL NA HOSPITAL	ME OF (IF NOT IN HOLD ADDRESS OR ION	SPITAL OR I	NSTITUTION, GIVE STREET	Md. BD	CTIMORE D. INS	CITY 602		
10100	The second	/ /	40000	BALTIMORE		YES NO		
NOK	The charles c	5000 p	TOSPINAL	E. STREET AND NUMBER	ST.			
S. SEX	LE WHITE		RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9.	AGE lin years st birthdoy)	Months Doys Hours Min.		
IOA. USUA	L OCCUPATION (Give kind o	work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?		
-	most of working life, even if refi TIRED (MTA)	red)	MTA	Md.		U.S.		
	R'S NAME		7.(7.4	14. MOTHER'S MAIDEN NAME		0.5.		
	TOHN OLD	55H		AMELIA		ER		
5. Wes D	eceesed Ever in U. S. Armer unknown) (If yes, give war or	I Ferena?	1 6. SOCIAL	17. INFORMANT	00 35 4.00	ADDRESS		
/1/	A State wat of	Coles of sett	2/3-05-916	e Danaltie	- POSE	6901 East Brooks		
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/	DISEASE OR CONDITION	DIRECTLY	Palmore	any ent using	Vustual	BETWEEN ONSET AND DEATH		
	LEADING TO DEA	ATH	(A)IMMEDIATE CAU	SE CARCINOMA -	Lungs	2 minh;		
IThis	does not mean the mode failure, asthenio, etc. Il me	of dying,	C.C. DIETO OB AC	A CONSEQUENCE OF:	/			
injury	ar complication which car	used deoth.)	, 400 %					
	ANTECEDENT CAL	JSES	(0)			1		
DISEA	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
UND	Io The obove cause ERLYING CONDITION last	-0 11 F						
	- 11		(C)	T. Ashal while	11/00/1/20	2 / - 2 / -		
O THER	SIGNIFICANT CONDITIONS E DEATH BUT NOT RELATED	CONTRIBUTI	NG Rueland	elistri 104,0	10 0-			
Q DISEA:	SE OR CONDITION GIVEN IN	PART 1 (A).		coupy 6		***************************************		
1	ATE OF OPERATION 198 WAS	PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes of No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
21A. A	CCIDENT WAS UNDERLYINDITRIBUTING CAUSE OF	16	218. PLACE OF INJURY le.g., in home, form, foclory, street, of	or about 21 C. WHIRE DID	(If In Boltimor	e City, give exoct location)		
DEATH	inotify medical examined		elc.)	NOT STORY POCCOR!				
OF IN		eon (Heud	21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?			
< (A PPR			While At Not While					
22. 1	certify that (1) (this hosp	ital) attend		2-18 19	7/ 10	2-76 1971		
	i) (we) last sow the dece		7 . 7 .		in (my) (aux) ani	nion death occurred an the date		
			e. (1) (We) (did) (did nat) vi		in (my) (our) opi	nion decin occurred an the dote		
	GNATURE /	210.00 0007	es (1) (ne) (ala) (ala hat) Vi	ew the body offer death.		23B, DATE SIGNED		
	Ulhan	5m, 1	M.D. Atter	nding Med. Sk	off ys.			
23 C. PI	HYSICIAN'S AME (Type))	OEGREE Phys	Director Physics 2D. ADDRESS	ys. 44	7-26-71		
N	Arm .	11. 11.	11.0	that of the	Go 1	to with t		
4A. BURI	AL CREMATION, 248. DATE	M: MA	C. NAME of CEMETERY of CRE	MATORY 24D. LOC	ATION (C)	o zpro z .		
REMO	urial 3/2					ly, town, or countyl (Stotel		
	REC'D BY HEALTH DEPT.		Oak Lawn C		Balto.,			
	MAR 4	Ra	WE OF REGISTERS	Schimunek Fun	eral Home.	Inc., 3331 Brehms		
P 160 PE	\ 1/1/69			0 0 1 7 0	I P	11 M1 21272		



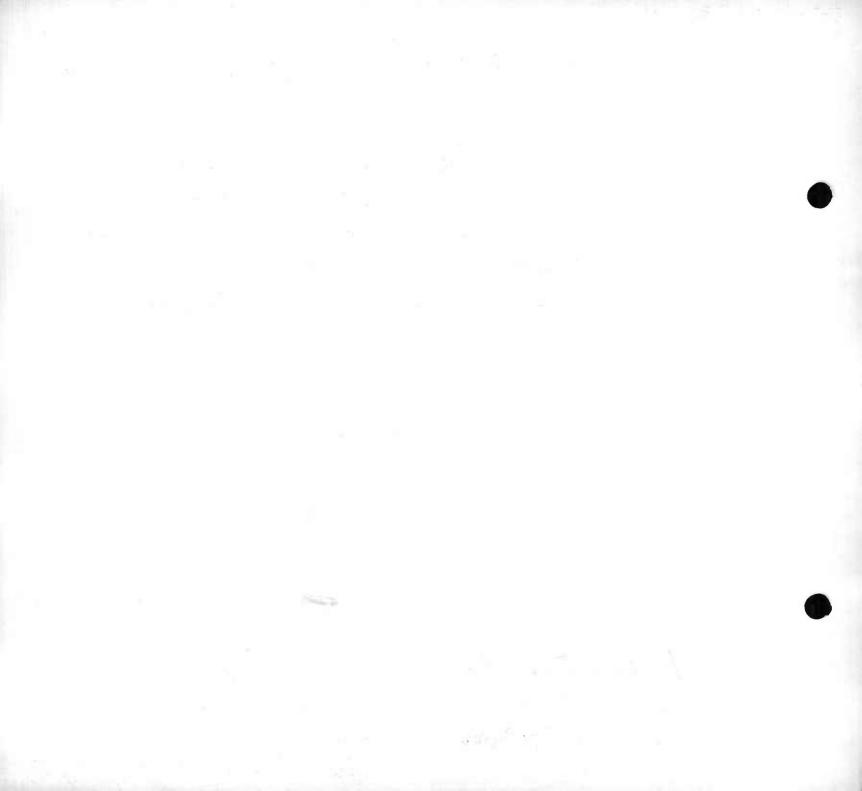
-	7 12) ,		BALTIMORE CITY	HEALTH DEPARTMENT			
_	TH NO. 71	214	1 ZEBA	CERTIFICA	TE OF DEATH		71 2141	-
	AME OF DECE		0 11	00011		AND HOUR OF DEAT		-
)	ETEN	· ZEB	DEIC		eb. 27, 1971	9:20 A.	
FU	PLACE IN BALT LL NAME OF DISPITAL OR STITUTION	of NOT IN ADDRESS O Baltim	HOSPITAL OR IN	STITUTION, GIVE STREET HOSPITALS	Maryland c. city or town Baltimore	UNTY	Institution: residence before admission 2605 ISIDE CITY LIMITS? YES NO NO	
-	2/		astern Av		E. STREET AND NUMBER		110 []	-
		Baltimo	re, ^M aryl	and 21224	427 Folcrof	t Street 2	1224	
5. 5	EX	6. RACE	7- MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years	Months Doys Hours Min.	=
	Male	White	WIDOY		6/2/99	lost birthday	Months Doys Hours Min.	
104	USUAL OCCU	PATION (Give kin		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	oreign country)	12 CITIZEN OF WHAT COUNTRY	7
don	e during most of w	orking life, even If	(beniter		Pa.			-
-	Levator n		Johr	ns Hop. Hosp.			USA	_
13.	FATHER'S NAM		Unk		14. MOTHER'S MAIDEN I UNK	AME		
15.	Was Deceased	ver in U. S. An	med Forces? or dates of servi	16. SOCIAL	17. INFORMANT	4940 Eas	tern Avenues	_
116	yes	WW	Andrew Control	205-03-3900A	BCH Records		e, Md. 21224	
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEATH OF CONTRIBUTE DEATH (noise)	isthenia, etc. If Illication which NTECEDENT C CONDITION above caus CONDITION I CANT CONDITION BUT NOT RELAT NOTITION GIVEN OFERATION 19	DEATH ode of dying, means the dise coused death,) (AUSES S, if any, give (A) stoling ast. NS CONTRIBUTING TO THE TERMINI IN PART I (A). L. CONDITION F AS PERFORMED OF	ving (8) DUE TO, OR AS the (C)	SE PULMONDS A CONSEQUENCE OF: COP A CONSEQUENCE OF: DAMMA 20A-AUTOPSY? (Yes or YES) n or obout 21C, where DID lice bidg, injury occur.	No. 208, IF YES, WER IN CERTIFIINO C		
	and hour and 23A. SIGNATUS 25C PHYSICIAN NAME (JV A. BURIAL CREA REMOVAL IS burial A. DATE REC'D	from the causes W W W W W W W W W W W W W	eceased office es stoted obov	on 197 e(11)(We) (did) (did not) v	lew the body after deat ading Med. Director 23D. ADDRESS Balt 4940 Eastern MATORY 24D 25C. FUNERAL DIRECT	Stoff A Phys. A Location Balto.,	pinion death occurred on the dat 23B. DATE SIGNED 2/2 7/1 Hospitals Md. 21224 City. town, or county (State) Md. ADDRESS Inc., 3331 Brehms	
VS	150-REV. 1/1/6	6			4-2-1-4-		to., Md. 21213	=



SHAD	BALTIMORE CITY	HEALTH DEPARTMENT		1914
BIRTH NO. 71 2143	CERTIFICA	TE OF DEATH	REG. NO	/1 2143
1. NAME OF DECEASED (Type or Print) FLORENCE A. S	-11-11	2. DATE	AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	EWE// INCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: egsidence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) ADDRESS OR LOCATION)	UTION, GIVE STREET	Md. C. CITY OR TOWN	UNTY	2643
Key Circle Hospic	. ~	BALTO.	D. INS	YES NO
70 1214 Eutaw Place	217	E. STREET AND NUMBER	1 -	
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	P. AGE (In yours	
Female white WIDOWED!		6/16/89	lest birthdey	If Under 1 Yr. If Under 24 Hrs. Menths Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fe	preign country!	12. CITIZEN OF WHAT COUNTRY?
housewife		Balto.		U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	0.5.
JONAThen Burton			NSORE	
S. Was Deceased Ever in U. S. Armed Ferces? Yes, no or unknown! (If yes, give wer er dates of service!	16. SOCIAL SECURITY NO.	17. (NFORMANT		ADDRESS
NO	217-48-6041	Helen DobRzy	KOWSKI .	3739 RAVENWOOD AVE
18. 4 / 3	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			0000	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAU		guy. Heart	gardene days
heert failure, asthenie, etc. It meens the disease.	DUE TO, OR AS	CONSEQUENCE OF:	1 1	
injury or complication which caused death.)	01/0	in alar I - 1	Read of	2
ANTECEDENT CAUSES	(B)		ment De	accec
DISEASES OR CONDITIONS, if any, giving rise (a the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lest	(c)			
	4.0			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Flymans	hard ar	History 1	winance Lead
CIDISEASE OR CONDITION GIVEN IN PART 1 (A)	/		1	SIL
19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yos or	10 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS LINDED VINGED	NACE OF MINER IS - 1-	100		0 1
OR CONTRIBUTING CAUSE OF heme	, farm, foctory, street, off	or obout 21 C. WHERE DID INJURY OCCUR?	(If In Boltimor	re City, give exact location)
21D-TIME (Menth) (Doy) (Yeod) (Heud) 21E	NJURY OCCURRED	21 F. HOW D(D (N	IJURY OCCUR?	
(APPROX) 2 27 7/8 While Work	Not While			
22. I certify that (i) (this hospital) attended the		9/10	1967 10	2/27 .21
that (i) (we) last saw the deceased alive an	2/11	19.7/ and	me * / Brancohapus * M correctmentation	19 /
	(W-) (1:1) (1:1 ·)		hat in (my) (aur) api	nian death accurred an the date
and have and from the causes stated above. (1)	(me) (did) (did not) vi	ew the body after death	•	
Minning /mun	Alfon	ding Med.	Staff	23B, DATE SIGNED
23C. PHYSICIAN'S	The state of the s		Phys.	7/7/7/
23C. PHYSICIAN'S NAME (Type)	a na n	3D. ADDRESS	111- 12	40 400 4
DIONISIO GARCIA TR	DEGREE .	2550 PAULO	- NAT. PLA	EE, ML. 7/228
4A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24C.NAI	ME of CEMETERY of CRE	MATORY 24D.	LOCATION (Ci	ly, lown, or county) (Stole)
burial 3/2/71 Ba	ltimore Cemet	ery	Balto., Md.	
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	250 FUNERAL DIRECTO		ADDRESS
MAR 4 MM CREEK	ala RO O	of Chimun	ex June	ial Nome
'S 150-REV. 1/1/68		4331 BYROMBY	ana Rolle	Ma DOMA



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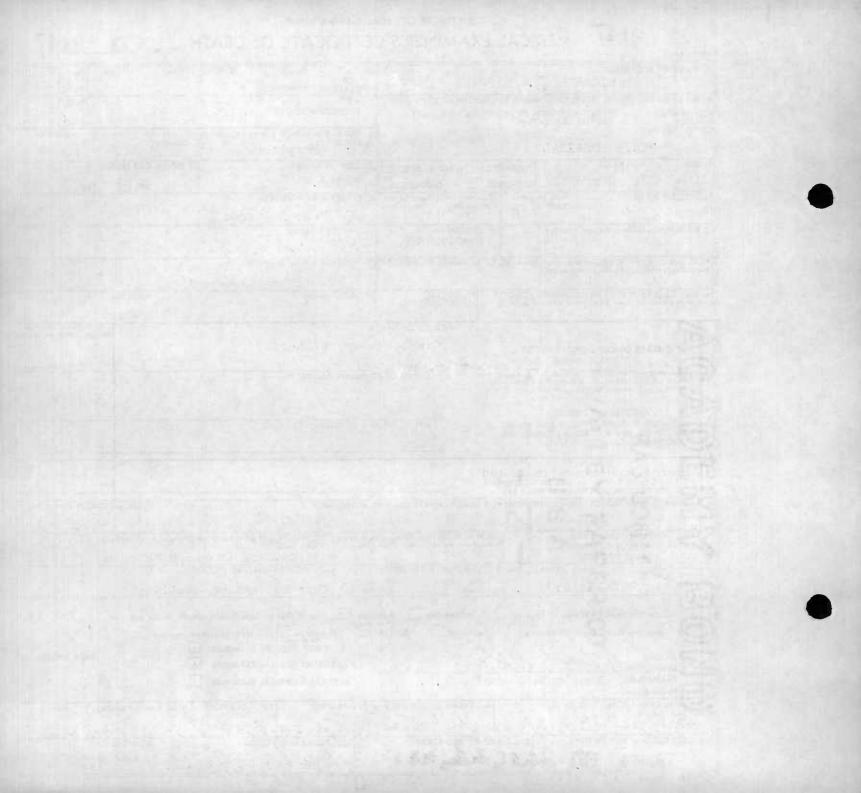
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BALTIMORE	CITY	HEALTH	DEPARTMENT

	71 2	2147	MED	ICAI	EX	AMINER'	SC	CERTIFI	CATE O	DEAT	'H	711	21/7
BI	RTH NC.								CAILO	ואכו	REG. NO.	1.1.	6141
(Ty	NAME OF DEC	MICH	_		cCRA	_		2. DATE OF DEATH	Known Estimated	Month	Doy	Yeor	Hour
FU	PLACE IN BAL LL NAME OF SPITAL INSTITUTION	(IF NO		AL OR INS		JNCED DEAD N, GIVE STREET		3. DATE PRONO	UNCED DEAD		2,1971	Yeor	7:05 P _{M.}
-	7/7	RCY HOS	PITAL					A. STATE	Maryland		B. COUNTY	residence	before odmission)
6.	SEX	7. RACE		8. MARI	RIED .	NEVER MARRIED		C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?	
	Male	Negr	0	WIDON	VED 🗌	DIVORCE		Balt	0.		YE	s 🗆	NO 🗆
9.	DATE OF BIRT	3	io. AGE (li losi birthdo	y) 18	If Und Manths	er 1 Yr. If Under 24 Doys Hours	Hrs. Min.		AND NUMBER McKean Av	enue			
11.	BIRTHPLACE (S	itate or foreig	n country)			IZEN OF HAT COUNTRY?		13. FATHER		301	Cion		
14A don	.USUAL OCCU during most of w	PATION (Give	kind ol work an if retired)	14B. KIND	OF BU	ISINESS OR INDI	JSTR	15. MOTHE	R'S MAIDEN NA	ME	nes)		
16. (Ye:	WAS DECEAS	ED EVER IN (J.S. ARMED	FORCE:	5? 1	7. SOCIAL SECURITY NO		18. INFOR	MANT	Jule	AD	DRESS	
	19.	65.	X			CAUSE OF	DEA	TH					PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		E OR CONDI		CTLY					of head				THE PERMIT
	heari toilure,	oi meon the , osthenio, etc. aplication whic	It meons the	diseose.		(A)IMMEDI DUE TO	OR A	AS A CONSEC	UENCE OF:				***************************************
NO	DISEASES O	NTECEDENT OF DR CONDITION E ABOVE CAU IG CONDITION	ONS, IF ANY	, GIVING ING THE		(B)(C)	OR	AS A CONSE	QUENCE OF:				
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL								
						HICH OPERATION	W P	AS PERFORM	NED			21. AUTO	PSY? (Yes or No) Yes
EDIC	UNDERLYING UTING CAL		RIB-		22B. PL	ACE OF INJURY(orm, loctory, street, ?	e.g., office	In or obout 2 bldg., etc.)	NJURY OCCUR? Balto. a				401
Σ	OF INJURY	Month) (De 2-28-71	2:30			ILE AT	NOT	WHILE	Shot by u	JURY OCC	UR?		
	23. I certi	fy that I he		-		nspection 🗌		topsy 🔀			death in my o		
	result	ed fram: No	torol cau	ses 🗆	Acc	Ident Su	_	• H	micide 🗵	Undetermi	ned manner	1	
	ACTUAL		red	1/1	la	in	M.D.	ASCI	STANT MEDICAL				DATE SIGNED
	EXAMINE NAME (1	ype)		. Koı		um,M.D.			CIATE MEDICAL	EXAMINER		3/3/	71
REI	A. BURIAL CREM MOYAZ (Specif	MATION, 24	B. DATE	1	24C.	NAME of CEMET	ERY	OF CREMATO	PRY 24D.	LOCATION	(City, lown,	or county	(Stote)
25	MA		EPT. 12.			F REGISTRAR	1	25C. 1	UNERAL DIRECT	OR	AD AD	DRESS	- Mari
VS	151-REV. 1/1/68		1 7. 04	4.4				7	1362/	mike	BULL		
		1 600	- 1	100				-	. 0				



1	INV.	BALTIMORE CITY	HEALTH DEPARTMENT	1000	
100	V 5 1 7 7 1 2 1 4 8 IRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	2148
	ype or Printly VENABLE	, Nannie	2. DATE AN	D HOUR OF DEATH	1 7%
F1	ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAL VISITUTION	L OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (When A. STATE B. COUN Maryland	e deceased lived, II institution	1002
1	3.3		Baltimore E. STREET AND NUMBER	YES	
	The Johns Hopkin	ns Hospital	921 McAlee	r Ct.	
1	Female Negro	MARRIED NEVER MARRIED XX	1/23/26	45	Inder 1 Yr. II Under 24 Hrs. ths: Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work one duting most of working life, even if refired)	IOB, RIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore) Md.		CITIZEN OF WHAT COUNTRY?
13	Junius Venable		Maude Kn		
15. (Ye	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give war or dates	of service) 1 6. SOCIAL SECURITY NO.	James Ver	relle-1115	ADDRESS ADDRESS
ATION	heart failure, asthenia, etc. It means to injury or complication which caused on ANTECEDENT CAUSES DISEASES OR CONDITIONS, if and the course (A) to the above cause (A) to UNDERLYING CONDITION last.	ny, giving (8) DUE TO, OR AS (C)	A CONSEQUENCE OF:		
ERTIFICA	19A DATE OF OPERATION 119R COND	I (A). ITION FOR WHICH OPERATION	20A. AUTOPST! (Yes or No)	208. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED PF DEATH?
CALCI	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or about 21C. WHERE DID	(If In Boltimore City,	give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) OF INJURY IAPPROX.)	(Hour) 21E INJURY OCCURRED While At Not While My Work Work At Work	21 F. HOW DID INJU	RT OCCUR?	/
	22. I certify that (1) (this hospital) that (1) (we) last saw the deceased	- /-	, , ,	9 // to	3 192/ eath accurred an the date
	and hour and from the causes state 23A. SIGNATURE 23C. PHYSIGNAN'S	Relle-MP DEGREE Phys	lew the bady after death.		DATE SIGNED
74	Stephen T. M.	iller, M.D. DEGREE	The Johns Ho	pkins Hospit	
17	Buriel 3-8-7	24C. NAME OF CEMETERY OF CRE 1 Tht. Calvay	240. Lo 25G, FUNERAL DIRECTOR	County	ADDRESS (State)
L	MAR 4 1971	Robert E. Narber, M. D.	1 16 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	inual Kome-11	4 4

10/26/7, Course of Death
Repatie nearoses

1 N't
nulisy TB/Lettler from
gHH filed in
Bureau & Bureau & Burelisters

VS 150-REV. 1/1/68



E 4301	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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hosp use (5) danc	۱
in a g ca ause then or to	l
outin ed co ar a pric	
occur rmini egul ased	
ath or co idete in r dece	
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ORT. assist f the f the d de d de ance	
his fso, is of an	
FUNERAL DIRECTOR: IMPORTANT he chief medical examiner or his assistant if by a medical examiner. Also, if the dire (2) Body burns; (3) A fracture of any kind; (4) re the physician who pronounced death physician was in regular attendance on the remains are embalmed or final disp	l
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IREC exa (3) A in W in r	
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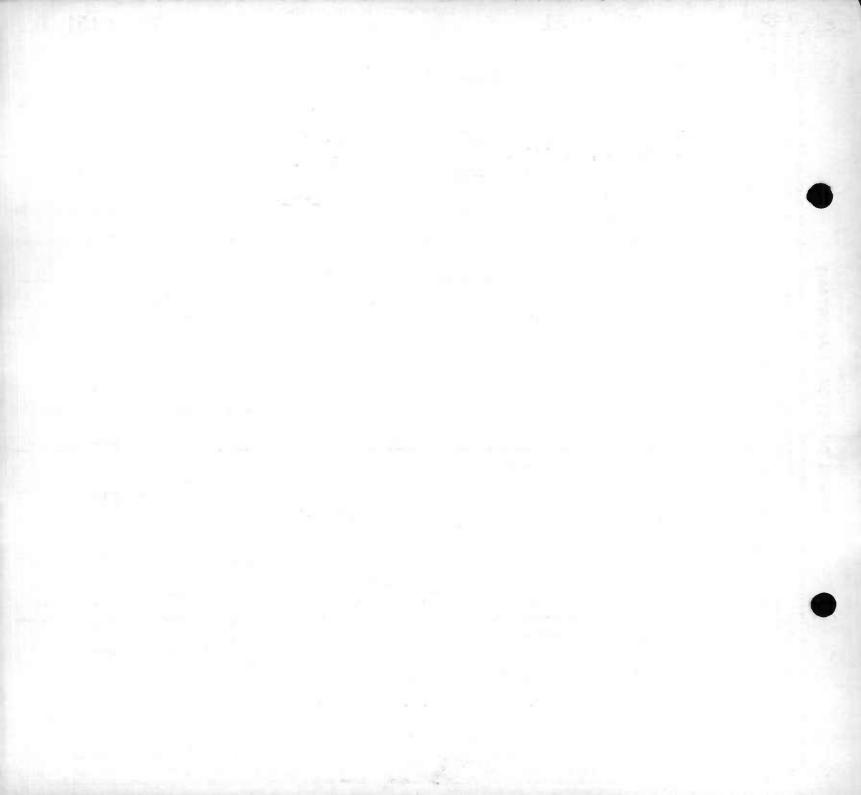
	ENT
BIRTH NO. 71 2150 CERTIFICATE OF DEA	TH REG. NO. 71 2150
(Type or Print)	ATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE	E (Where deceased lived, If institution; residence before admissia
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION CIVE STREET	COUNTY
HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN	D. INSIDE CITY LIMITS?
190 Baltin	TORE YES NO
Rey Circle Hospice 1214	Eutow Place
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 7. 18	9. AGE (In years If Under 1 Yr. If Under 24 Hars Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slate done during most of working life, even if refired)	or fareign country) 12. CITIZEN OF WHAT COUNT
Housewife Home	mr 1191
13. FATHER'S NAME	EN NAME
Arres, Samuel Coo	DOR Katanh
15. Was Deceased Ever in U. S. Armed Forces? [Yes, na or unknown] (If yes, give wor at dales of service) 16. SOCIAL 17. INFORMANT	ADDRESS
NO 216-01-86920 Hollas	nd mildred B.
18. 44 / 0 31 CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEA
	allretu esseu
heart failure, asthenia, etc. It means the disease.	in all
ANTECEDENT CAUSES ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
TIME TO SOME THE STATE OF THE S	
UNDERLYING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	7 112, 92 12
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	marone, House
19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	or No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	DID (If In Boltimore City, give exact location)
DEATH Inotify medical examined etc.	Charles
21D. TIME (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DI	ID INJURY OCCUR?
(APPROX) 2 27 Work At Work	
22. I certify that (I) (this hospital) attended the deceosed from	8_1970_to
that (1) (we) last saw the deceased alive on 2/1/ 19 7/ o	and that in(my) (aur) opinion death accurred on the da
and hour and from the causes stated obove. (1) (We) (did) (did not) view the body after de	eath.
23A. SIGNATURE	23 B. DATE SIGNED
Closure January Med, Director	Stoff Phys. D
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	1/22-
DIONISIO GARCIA JE. DEGREE KEY CO	ircio-tospica
	24D. LOCATION (City, town, or county) (Stote)
Burial 3/2/71 Parkwood Cemetery	Baltimore Co., Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRE	ECTOR ADDRESS
AND ALTER OF THE STATE OF A STATE	Johnson 8521 Loch Raven Blvd.

10 42 N. Calvert St.

IMPORTANT

FUNERAL DIRECTOR:

	24 0154		BALTIMORE CIT	Y HEALTH DEPARTMENT		ru outd		
BIRTH NO.	71 2151		CERTIFICA	ATE OF DEATH	REG. NO	71 2151		
I.NAME OF DE	CEASED I Stomas	on		2. DATE AN	D HOUR OF DEATH	1 ,7		
(Type or Print)	Thompson	Any	ie Ale	al 3	3/3/71	150		
3. PLACE IN BA	LTIMORE MATTLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	deceased lived. If	institution residence before admis-		
FULL NAME OF	F (IE NOT IN HOSDI	TAL OR INSTIT	HTION CIVE STREET	MARYLAND		1001		
HOSPITAL OR	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	ID IN	SIDE CITY LIMITS?		
	TOUNG HODE	INC HOC	TITIAT		J. 114.	YES NO		
7	JOHNS HOPK		PLIAL	E. STREET AND NUMBER		120 110		
BALT	IMORE, MD	21205		938 E. BID	DLE STREE	er.		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr If Under 24		
FEMALE	NEGRO	WIDOWED		7-6-22	lost birthdoy) 48	Months Doys Hours Mi		
IOA, USUAL OCC	UPATION (Give Lind of wor			Y 11. BIRTHPLACE ISlate of forei	gn country)	12. CITIZEN OF WHAT COUR		
done during most of	f working life, even if refired)							
House				Baltimore, Mar	yland	U.S.A.		
12 PAINER 2 NA	MALE			14 MOTHER'S MAIDEN NAM	WE			
	ence Neal			ANNIE NEAL				
Yes no or unknown	d Ever in U. S. Armed Fo	rees?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00 00 000000	SECORITI NO.	Ernest Neal 172	2 N. Bond S	St.		
118.			CAUSE OF DEA	TH		APPROXIMATE INTERV		
3.6	SE OR CONDITION D	PECTIV				BETWEEN ONSET AND DE		
Distr	LEADING TO DEATH	REGILI		Senci	c	24/		
(This does	not mean the mode of	dying, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:)	21613		
injury or car	, asthenia, etc. It means	the disease,		1/				
	ANTECEDENT CAUSES		21	Donald Hoc	CRCS	1.1/		
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UNDERLYING CONDITION lost. (C)			(c)	******************************				
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OR CONTRIB	NT WAS UNDERLYING	hom	e, form, foctory, street,	office bidge INJURY OCCUR? (If In Boltimore City, give exact lacotion)				
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		ted above(()	(We) (did) (did not)	view the bady after death.				
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, and the transfer of the tran	STEPHEN	T. MIL	LER M.D.	THE JOHNS	HOPKINS :	HOSDITAL		
24A. SURIAL CRE	MATION, 248. DATE		ME of CEMETERY OF CE			ity, town, or county! (State		
REMOVAL ((Specily) 3-6-71		ver Memorial					
					rel, Maryla			
ZOA, DATE REC'D	BY HEALTH DEPT.	A. AE	A CONTRACTOR	25C. FUNERAL DIRECTOR				
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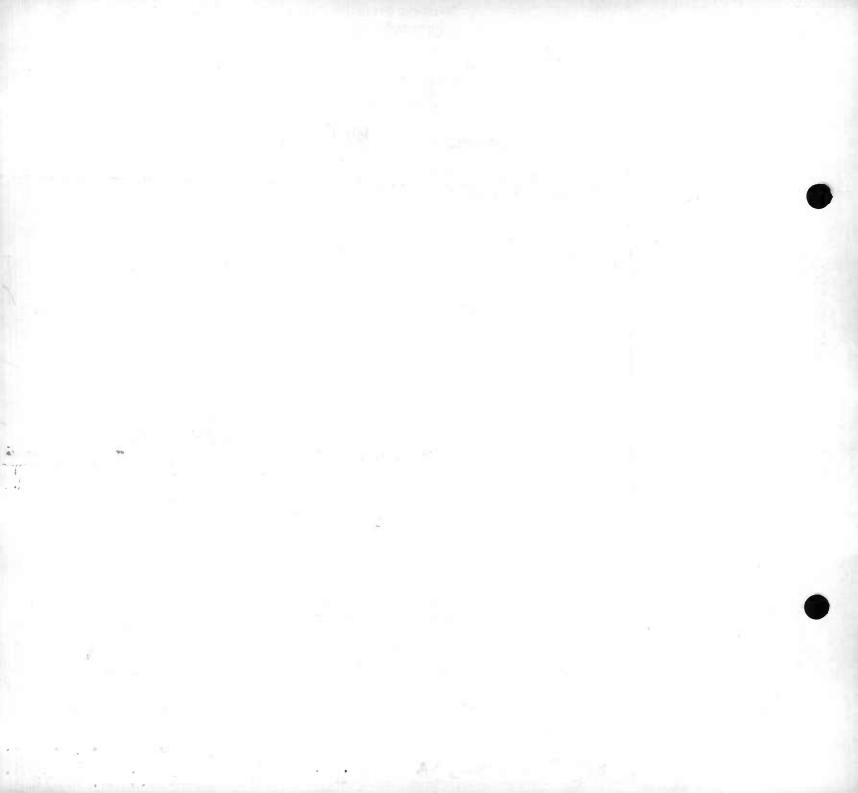
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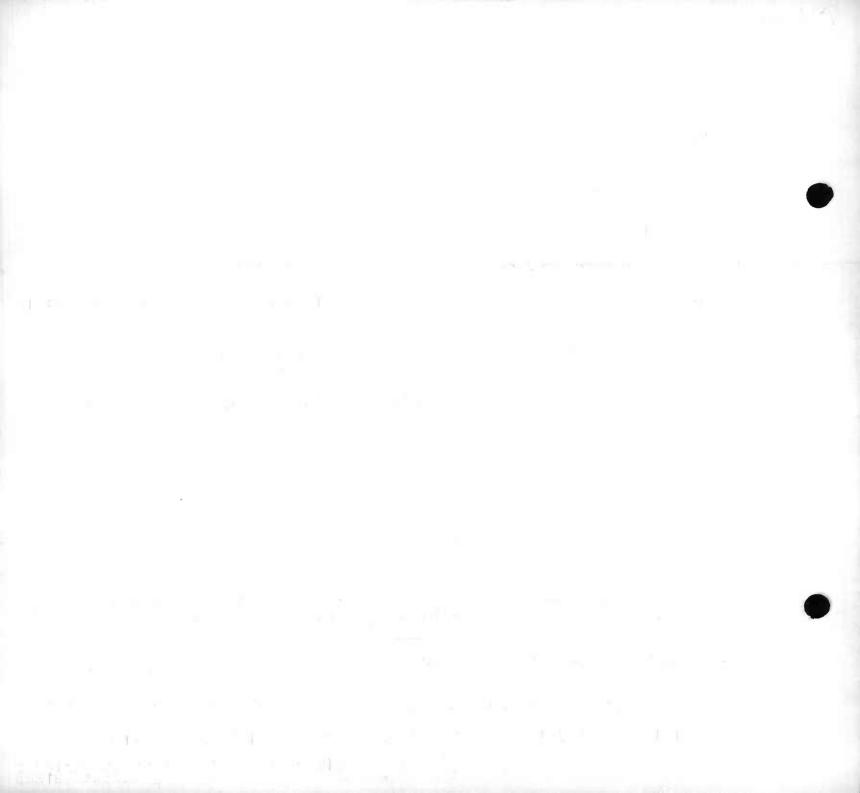
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BALTIMORE CITY HEALTH DEPARTMENT

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K	460	BIRTH NO. 71 2155 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 2155
	and eath ase th th	BIRTH NO. LETTIFICATE OF DEATH 12. DATE AND HOUR OF DEATH
	of deat Decease e on th	John Ward Keller February 28, 1971
	Spito Of Ce Cath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)
	hosi 15e (5) dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION A STATE B. COUNTY Maryland Baltimore C. CITY OR YOWN D. INSIDE CITY LIMITS?
	0 S 9	Baltimore YES NO [
	cau cau	4816 Gwynn Oak Avenue
	tributi mined gular sed pr	4010 Gwynn Oak Avenue 21207
	occurre ontribut ermined regular regular is made	Male White WIDOWED DIVORCED 8-30-1907 17. If Under 24 Hrs. Months Poys Min.
	4 - a - a - a - a - a - a - a - a - a -	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, 81RTHPLACE (Stota or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Auto Mechanic -retired Pikesville, Maryland USA
		13. FATHER'S NAME
Z	directly the three disp	JohnHenry Ward Keller Catherine E Shipley
	stant le di ind; eath e on	JohnHenry Ward Keller Catherine E Shipley 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS
R	assistant f the di ny kind; d death ance on r final di	NO 212-03-6948 Sarah H. Keller-4816 Gwynn Oak Avenue
Ō	in in it	18. APPROXIMATE INTERVAL
IMPORTA	r or his a Also, if ure of any oncounced r attenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE BETWEEN ONSET AND DEATH CA) IMMEDIATE CAUSE
OR:	0 2 4 5 0 0	IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.
	EFODO	ANTECEDENT CAUSES (B) & Palmonary Emphyseum.
C	xami xami y A fr who	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF:
X	_ OC E.E W	rise to the above cause (Al stating the UNDERLYING CONDITION last. (C)
UNERAL DI chief medical y a medical Body burns;	lical rns; rns; sicic was mair	
	ben buy buy buy shy	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).
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2	(2) ph	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID lame, form, foctory, street, affice bldg., INJURY OCCUR?
	hospital hospital nature; (ept whe d (6) No	21D. TIME (Monthi (Dayl (Yearl (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
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	6_00-	and have and from the causes stated above. (t) (We) (did) (did not) view the body after death.
•	eased eased ident nospit deat	23A. SIGNATURE 23B. DATE SIGNED
	E 0 0 7 2 5	Herman Deecher My). DEGREE Phys. Brocker Phys. 3/1/7/
	0 0 5 >	23C. PHYSICIAN'S NAME Typel Recommendation of the second
:	certificat sody was rs: (1) An D.O.A. at assed prio	24A, BURIAL CREMATION 12/R DATE DIGNAME OF CHANGE
	L TO 0 -	REMOVAL (Specify)
	This certi the body shows: (1 was D.O. deceased written a	
i	This the laborated was dece	MAR 5 B1 Value & Walter Armacost Funeral Chapel -4600 Liberty Hts
		V\$ 150-REV: 1/1/68

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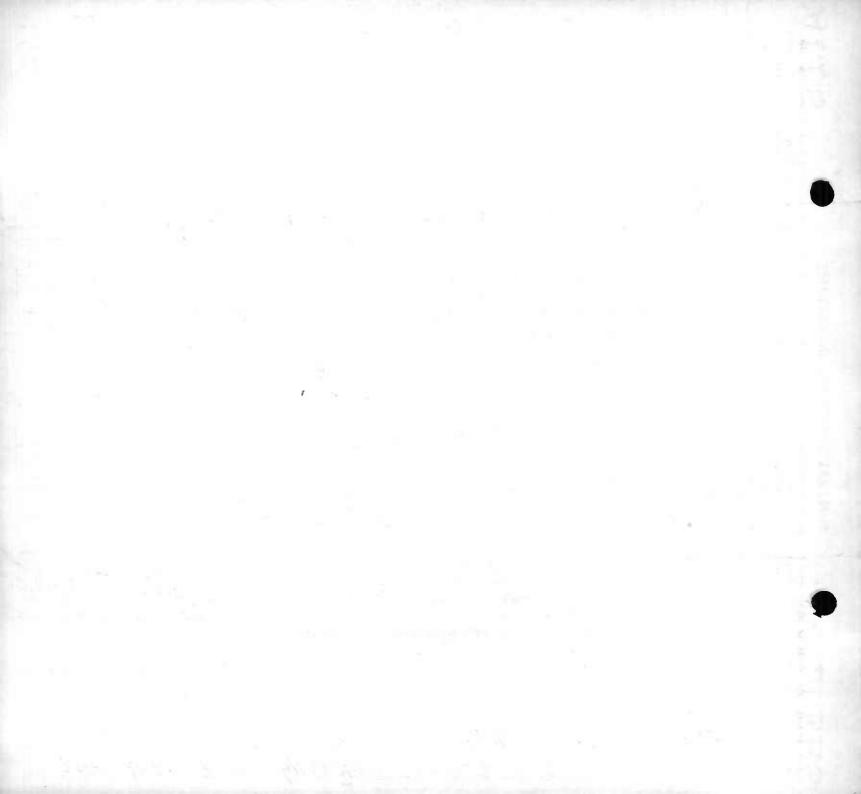
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 21	
1. NAME OF DECEASED . [Type of Print] 2. DATE AND HOUR OF DEATH	200
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whose deceased lived, Il institution: reside	3-P.
A. STATE B. COUNTY	M / C
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS	1/7
	No 🗍
North Charles General Hospital Estreet and Number YES	
5724 WINTER Ave.	
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injury ar complication which caused death.)	
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and hour and from the causes stated above. (I) (We) (did) (did nat) view the body ofter death.	
23A, SIGNATURE 23B, DATE SIG	
MA Neleon - /- eld Mag - Attending Med. Director Phys 2-2	7-171
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	V/JOIR
M. H. KELEMENT WALL I (MY HILL FOLGES)	11/10
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or cou	inty) (Stote
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Burial 3-2-71 Woodlawn Cemetery Baltimore, Maryland	
Datelliot C; Wal Vialid	DDRESS

5724 Winner Ave.

. w want was inse . Dr.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

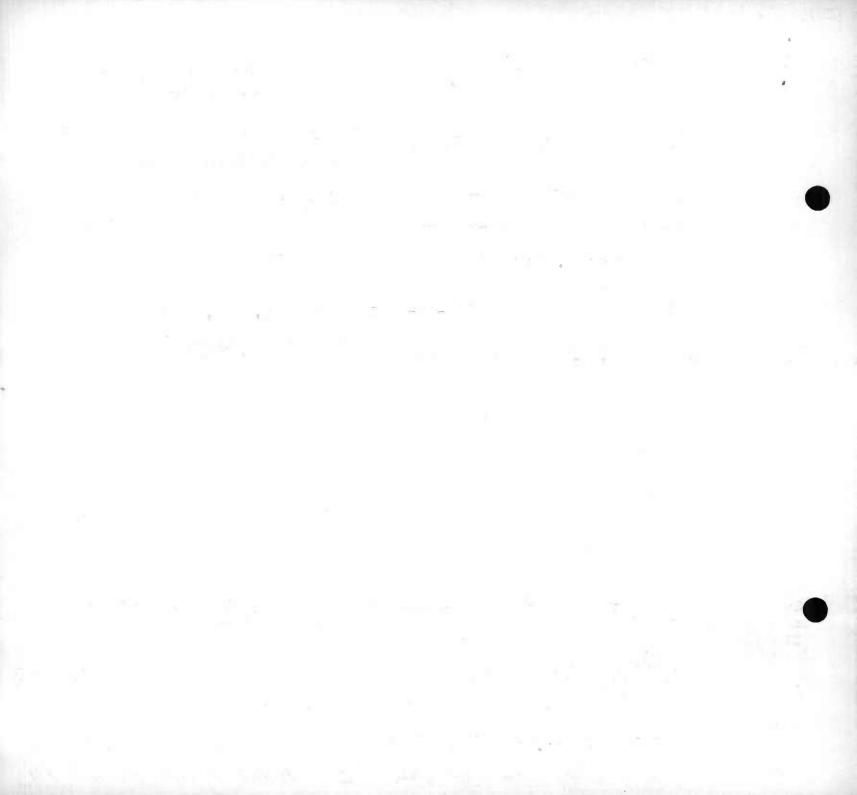
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22. I certify that (1) (this hospital) attended the deceased from 19 10
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Stores.	BI	CERTIFICATE OF DEATH REG. NO. 71 2159
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E - C - C - E		23C. PHYSICIANS NAME (Time) Attending Med. Director Phys. 3/1/7/
rificate y was r y was r). A. at at prior		NAME (TYPE) VESEAR S. BLUM MB MITH-CALVERT ST.
certification of the second of	24/	BURIAL CREMATION, 24B. DATE 24C. NAME & CEMETERY OF CREMATORY 24D. LOCATION (City, town, of county) 15totel BURIAL CREMATION, 24B. DATE 24C. NAME & CEMETERY OF CREMATORY 24D. LOCATION (City, town, of county) 15totel BURIAL CREMATION, 24B. DATE 24C. NAME & CEMETERY OF CREMATORY 24D. LOCATION (City, town, of county) 15totel
This cert the body shows: (was D.O decease		DADIIMOND; MARIDAND
This cesthe books: was D. was D.	25/	MAR 5 1971 Pobles E. Robert S. O George J. Gonce 4001 Ritchie Hwy. 21.22
	I L	MAR 5 1971 Value E. Jake Mar. O George J. Gonce 4001 Ritchie Hwy. 21.22

. . . .



0	6231	BALTIMORE CI	TY HEALTH DEPARTMENT
	sed the the uch	William No.	ATE OF DEATH REG. NO. 71 2161
	deat deat cease on th	(Type or Print) John ChrisTensen	2 DATE AND HOUR OF DEATH 2/27/7/ YAM.
	ospito e of 5) Dec nce o	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	cause of cause; (5) De endance to death	FULL NAME OF HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY Md. C. CITY OR TOWN LAUREL D. INSIDE CITY LIMITS?
	- 50	Lytherau Hospital of md.	E. STREET AND NUMBER
	e + P L d e		1009 Marion ST.
	ribu ribu ula ula	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years if Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
	contributermine regula seased	Male White WIDOWED DIVORCED	1 10-19-92 70
	ath dete	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTE done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	or or or difficult	PHYSICAL THERAPIST HOSPITAL	DEMMARK
	rect o (4) Un was the isposit	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-		unknamn	un han and
ORTAN		15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
RT	the the kir de ince	216-18-07	Sel Chart
0	s agany any ced ced	IB. CAUSE OF DEA	DICTIONING HITTERY ME
MP		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
=	F S S E	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CA	JUSE Sépticemia recort object s'aconsequence of:
ä	iner. ractu	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.]	A CONSEQUENCE OF:
CTOR	E E T O OLA	ANTECEDENT CAUSES	le spread Francisco
	X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
RE	(3) ex	ise to the above cause (A) stoling the UNDERLYING CONDITION last. (C) ASC	le spread Furunculosis. S'A donsequence of: VD, Chronic brain S'-ml.
۵	dical cal		
AL	medical medical burns; physicia an was remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
2	4 - 7 - 9	O DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A AUTORYS (Vac. o. No.) 202 IF yes were rivelying consistence
UNER	chie Bod the the tysic	WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
H	tal by	OR CONTRIBUTING CAUSE OF home form foctory street	In or obout 21 C. WHERE DID office bldg., INJURY OCCUR? (II In Boltimore City, give exact location)
	by the pital region of the	S DEATH (notify medical examined \(\mathcal{O} - \) etc.)	
	- 23 - 39	OF INJURY (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED While At Not Whi	21F. HOW DID INJURY OCCUR?
	a.d. a	Work At Work	- 1 0 1 2 - 1
	다는 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	22. I certify that (i) (this hospital) attended the deceased from	2-24 19/1 to 2-2/- 19/
	524-03	that (I) (we) lost saw the deceased alive on 9 - 2	
	is be a lised to ent of ent of spital leath)	and hour and from the causes stated above. (1) (We) (did) (did not)	
	20 DOGE		ending Med. Staff Staff 23B. DATE SIGNED 23B. DATE SIGNED 2 - 27 - 7/
	s rel s rel acc it a oval	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	An An Srice	NAME (Type) C. G-AKUBA	730, ASHBURTON St.
	tifically was (1) An O.A. a bd pri	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)
	F4 00 5	Burial 3-2-7/ It mass	n Cem Laurel Mil
	This ce the bo shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	23C. FUNERAL DIRECTOR ADDRESS
	H= 4 3 0 3	mAR 5 1971 Robert & Jaben M. B.	the large of the descentation
		VS 150-REV. 1/1/68	

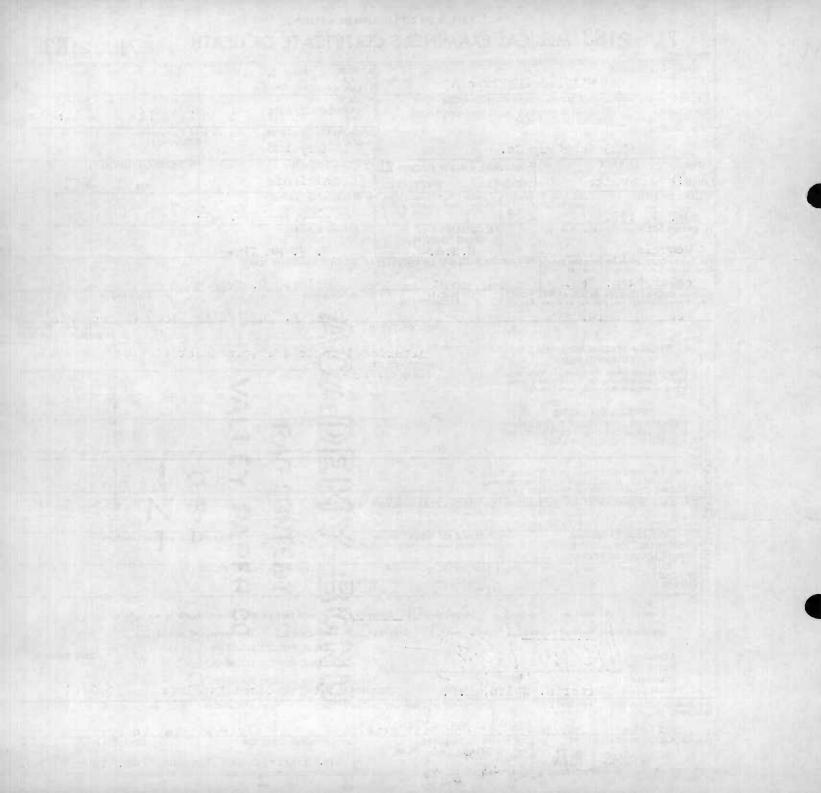


71	2162		CERTIFIC			X REG. NO	71	2162
BIRTH NO.	-		CERTIFIC	AIE OF				
(Type or Poot)	EZRA L	J. 13	LANK, Sr.		2. DATE A	ID P. N		MAR 1971.
3. PLACE IN BALTIN	ORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL	RESIDENCE IWH	ere deceased lived.	If institution: resid	lence befare admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITE	UTION, GIVE STREET	C. CITY OR	> .	FREDERI	INSIDE CITY LIMIT	000
UNIU	OF MO	140	DSP.	FRE	DERICK	,	YES T	NO [X]
3				E. STREET	AND NUMBER			
5. SEX 6.	RACE	7. 44 4 ppum [7	7 8. DATE OF		LANE,		
M	W	WIDOWED	NEVER MARRIED [DIVORCED [7 4-	70-13	9. AGE (In years lost birthdoy)	If Under 1 Months Do	
nous during musi bi work	ang me, even it retired)	IOK KIND OF	BUSINESS OR INDUS	RY 11. BIRTHPL	ACE (State or for	eign country)		OF WHAT COUNTR
Reti	red				ryland		US	SA
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN NA	ME		
	ster R. Blan				Mary Bal	ker		
15. Was Deceased Eye (Yos, no or unknown) (11	er in U. S. Armed Force yes, give wor or dates	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORM	ANT		A	DDRESS
No				CHA	SET			
(This does not heart foilure, ast injury or camplic	OR CONDITION DIRI ADING TO DEATH mean the mode of henia, etc. It means tolion which caused ECEDENT CAUSES CONDITIONS, it a	dying, e.g., the disease, death.)	(A) BAMEDIATE OF DUE TO, OR	S A CONSEQUE	ENCE OF:	ARREST		WEEN ONSET AND DEAT
OTHER SIGNIFICAL	II NI CO NOTIONS CON	TRIBUTING	(c)	ENNEC		1 RRH 85) 5		***************************************
19A. DATE OF OP	ERATION GIVEN IN PART BRATION 198. COND WAS PERFO	ITION FOR W		20A. AU1	TOPSY? (Yos or No	O) 208. IF YES, WE		NSIDERED
W 21A ACCIDENT					162	IN CERTIFIENG	CAUSES OF DEA	THI NO
OP CONTRIBUTIN	VAS UNDERLYING COURSE OF	home	PLACE OF INJURY (e.g., larm, foctory, street,	office bldg., IN.	JURY OCCUR?	(If in Bolti	mare City, give ox	act lacation)
2		1	INJURY OCCURRED Not We At We	nile 🔲	F. HOW DID INJ	URY OCCUR?		
22. I certify that	(*) (this hospital)			2-23-		19 <u>-71</u> to	3-2	19 (7)
	sow the deceased		MAR					ccurred on the dot
			(We) (did (did not)		ly after death	in this (out)	Abinton dectu o	ccurred on the dot
23A. SIGNATURE				110 1110 000	.,		23B, DATE SI	GNED
Jan	- D. Ba	nlow		Hending	Med. Director	Staff Phys.	3-2	-71
23C. PHYSICIAN'S NAME (Typel			DEGREE	23D. ADDRES		rnys	0-2	- //
	Sam D. Barl	Low		Baltim	ore, Mary	yland		
REMOVAL (Speci	ION, 248. OATE	24C. NA	ME al CEMETERY of C	REMATORY	24D. L	OCATION	(City, town, or co	unty) (State)
Burial		L971 MOI	unt Olivet C	emeterv			Frederick	
SA. DATE REC'D BY	HEALTH DEPT. 2	SB. NAME OF	REGISTRAR			Donald	m faliles	
mak.	5 1971 14	Bert E.	Tables NED .			a & Son, F		
				1	· ~	-	,	



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ы	71 RTH NC.	2163	3 MED	ICA	L EX	CAMINER'S			DEAT	H REG. NO.	71	2163	3
	NAME OF DEC	EASED					2. DATE	Known 🔽	Month	Day	Year	To the same	
(Ty	pe ar Print)	M	ildred	McT	Elre	ath	OF	Estimated	мони	Day	lear	Hour	
4.	PLACE IN BAL						3. DATE	Estimated 🗀	Manuf	D	V	Hour	М.
FU	LL NAME OF OSPITAL EINSTITUTION	(IF NO		LORINS		N, GIVE STREET	PRONOL	NCED DEAD	Manth 3	2 7		11:0	М.
6	20	5205 E	astbury	St.			II A CTATE	SIDENCE (Where	e deceased li	B. COUNTY	n: residence	before odmis	sion)
6.	5. SEX 7. RACE B. MARRIED NEVER MARRIED K						C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		-
Ee	male	white		WIDON	-		Ва	ltimore			ES X	No [7]	
	DATE OF BIRTH		t 0. AGE (tn last birthday	years	If Une	der t Yr. It Under 24 Hrs.		ND NUMBER	0.1		E2 [V]	ио Ц	
	Aug. 3,			58				205 Eastb	ury St	•			
11.	Georgia		on country)		W	TIZEN OF HAT COUNTRY?	13. FATHER'S		1+				
144	USUAL OCCU	PATION (Giv	re kind af work t	48. KIN	OF B	U.S.A. USINESS OR INDUSTRY	r 15. MOTHER	. P. MC E	reacn ME	1			
dan	e during mast of w	arking life, ev	en ffretired)										
14	Health E	xam. K	ep.	FORCE	over	nmemt 17. SOCIAL	M	ildred O.	Brann				
(Ye	s, na ar unknawn)	(If yes, give	war ar dales o	f service)	SECURITY NO.	18. INFORM	ANI		A	DDRESS		
ш	Yes	W.W	TT			255-22-0992	Jam	es H. Mc	Elreat	h Acwo	rth. G	eorgia	
	19.4	4				CAUSE OF DEA	тн				A	PPROXIMATE IN	
	DISEASE	OR COND	ITION DIREC	VIT						1 1		TECH ONSEL AL	NO DEATH
		EADING TO						tic cardi	ovascu	llar dis	ease		
	(This does no	I mean the	made of dyte	ng, e.g.,		(A) IMMEDIATE C	AS A CONSEQU	IEN CE OF:					
	heart failure, injury ar cam	asthenta, etc	. It means the	disease,		202101011	A COMBEGN	LINGE OI.					
				,							10.16		
	AN	ITECEDENT	CAUSES			(B)					4 12 2		
	DISEASES C	R CONDITION	ONS, IF ANY, USE (A) STATI	GIVING		DUE TO, OR	AS A CONSEC	UENCE OF:				***********	
_	UNDERLYIN	G CONDITI	ION LAST.	NG IME		(0)							
Ó						(c)							
CERTIFICATION	TO THE DEA	FICANT CON	11 NOTIONS CO RELATED TO T GIVEN IN PA	HE TERM	INAL							BUY	
RTI						HICH OPERATION WA	S PEREORMI	D			2) ALITO	PSY? (Yes a	e Nev
CE	2,					THE OF EXAMON IN	D I EKI OKIII				ZI. AUIC	1211 (1es a	ivaj
7	22A. EXTERN	IAL GALLOW	1100.0								y∈	S	
EDICAL	UNDERLYING		TRIB-		hame,	ACE OF INJURY(e.g., farm, factory, street, affice	in or about 22 bldg., etc.) IN	UURY OCCUR?	if in Baltima	re City, give exc	oct lacation)		
Σ	22D. TIME (Manth) (D	ay) (Year)	(Hau	r) 221	E.INJURY OCCURRED	22	F. HOW DID IN.	URY OCC	UR?			
	OF INJURY (APPROX.)						WHILE						
	23.				m. WC	ORK LI AT W	ORK L						
		fy that I h		quiry [Inspection Aut	top sy	and that an th	ils basis,	death In my	apinian		
	result	ed fram: N	atural caus	es X	As	cident Suicid	e Har	nicide 📗 I	Undetermi.	ned manner [
	P. Land	11 1	111	1	(1	- c	HIEF MEDICAL E	XAMINER				
	ACTUAL	ne // /	M	1/1/	11	A.	ASSIS	ANT MEDICAL E	XAMINER			DATE SIGN	IED
	SIGNATU			1	X	M.D.	•						
	NAME (T)		ner U.	Spi	tz	M.D. De	puty Ch	ief Medic	al Fx	miner	3/	2/71	
24. RE	A. BURIAL CREM	ATION. 2	48. DATE	Opar		NAME of CEMETERY			LOCATION		, ar caunty		e)
	Buria		March	4 10	7/1	Oak Hill Cer	metery	0	artono		20000		
25	A. DATE REC'D		DEPT	258 N	A ME C	E DECICTOAD		JNERAL DIRECTO	or cers	ville, (
			1971	Page.	38	Jaber, M.D.					-	050 Yo	rk Rd
		AR 5	13/1	1			Wm	Cook-Br	ooks T	owson,	Inc. T	owson,	Md.
NE	151.DEV 1/1/AR			2 3	3	6 7 8				~			

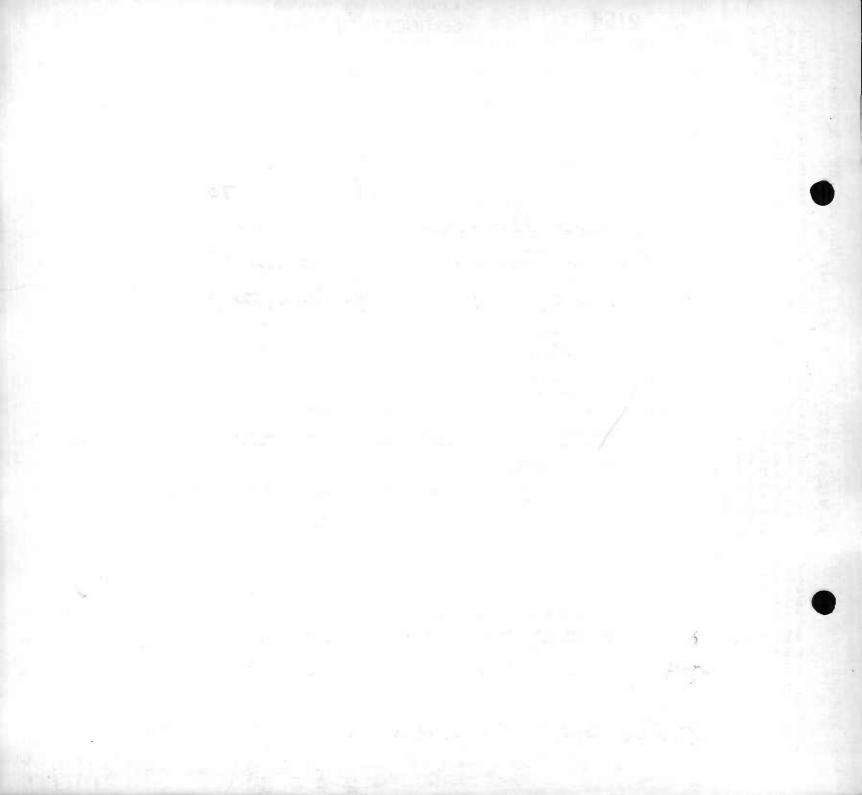


DR KORNBLUM

VING

OF

BODY



NO

Hours

BETWEEN ONSET AND DEATH

USA.

ADDRESS

ADDRESS

If Under 24 Hrs. Hours i Min.

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68_

N . 44-45

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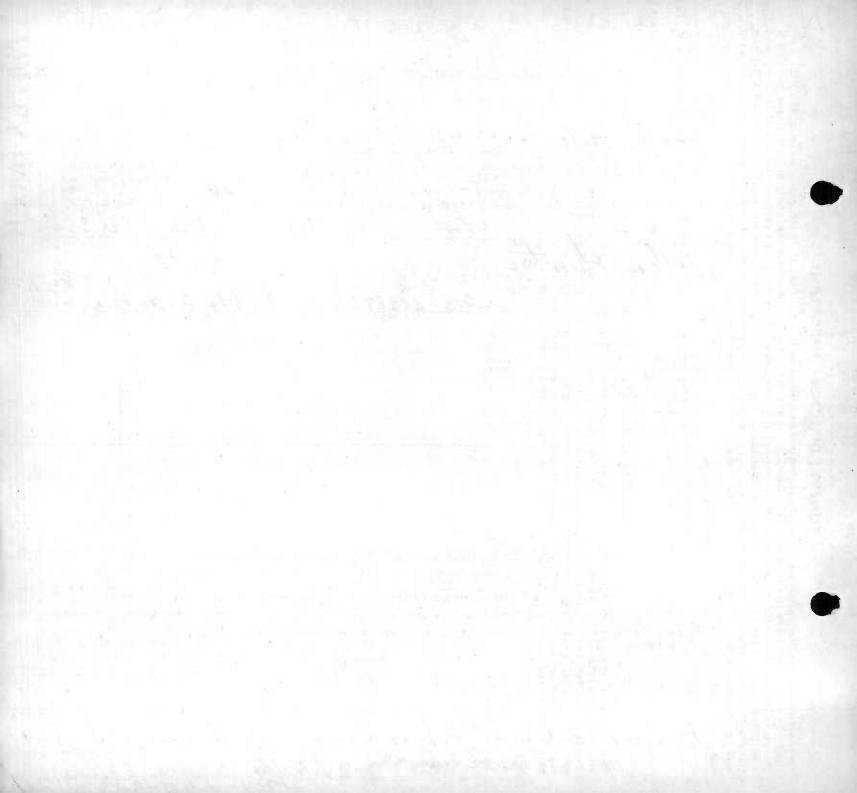
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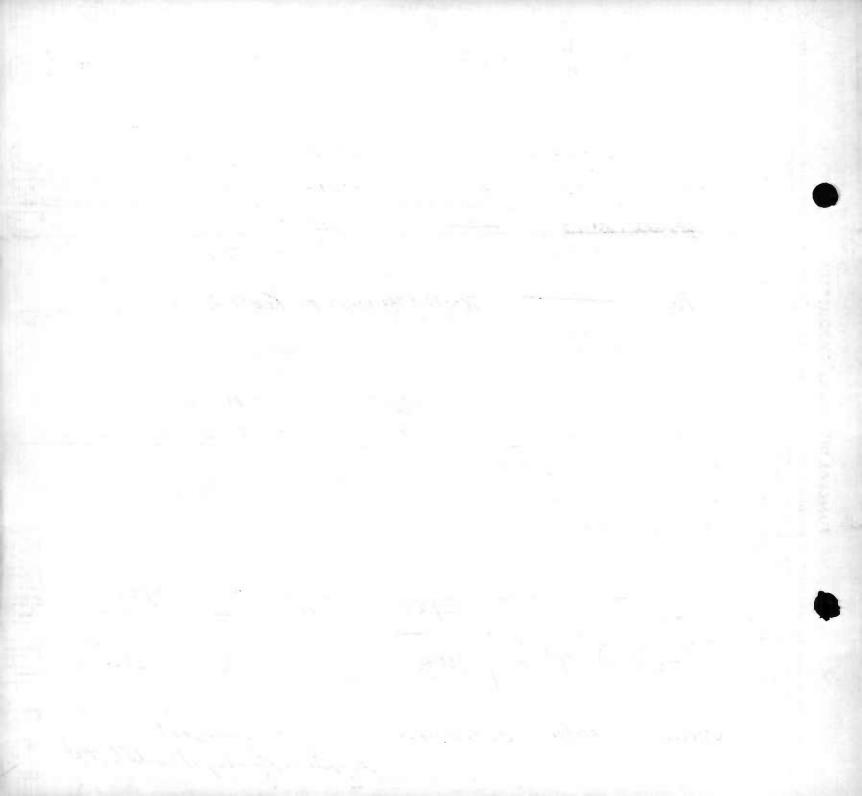
K > 00	BALTIMORE CITY	HEALTH DEPARTMENT					
71 2166	CERTIFICA	TE OF DEATH REG.	No. 71 2166				
BIRTH NO.							
1. NAME OF DECEASED (Typo or Print)		2. DATE AND HOUR OF	DEATH				
KEYS, Conr	nie	[3/1/1]	8115 AM				
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceased li	ved. If institution; residence before admission!				
FULL NAME OF IF NOT IN HOSMTAL OF ADDRESS OF LOCATION	R INSTITUTION, GIVE STREET	Maryland	1506				
INSTITUTION		C.CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES X NO					
7 Am The Hardine	TT 4 to - 7	E. STREET AND NUMBER					
The Johns Hopkins	Hospital	2822 W. North Av	renue				
5. SEX 6. RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH 17. AGE (In VI	ears If Under 1 Yr. , If Under 24 Hrs.				
Female Negro	DOWED DIVORCED D	B. DATE OF BIRTH 9/28/24 9. AGE (In your less birthday)	Months Days Hours Min.				
IOA, USUAL OCCUPATION (Give kind of work 108, 1	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY				
lone during most of working life, even if refired)							
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
		Mattie Lewis					
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (if yes, give war or dates of t	service) SECURITY NO.	17. INFORMANT	ADDRESS				
		Lorenzo Keys 2822 V	North Avenue 21216				
[18, 22 / - 0]	CAUSE OF DEATH		APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTI	v	(k) (erelirovasculus	BETWEEN ONSET AND DEATH				
LEADING TO DEATH		- 1	lo wills				
(This does not mean the mode of dyin	(A) IMMEDIATE CAU	A CONSEQUENCE OF:					
heart failure, asthenia, etc. It means the	disease,	- O .					
injury at camplication which caused deat	My Dont	ensine anterioscleroti	20				
ANTECEDENT CAUSES	(a) ()>~+(1)	1125 culto diseuse	au yn.				
DISEASES OR CONDITIONS, If ony,	giving DUE TO, OR AS	A CONSEQUENCE OF:					
rise to the above cause (A) stati							
UNDERLYING CONDITION lost	(c)						
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING						
TO THE DEATH BUT NOT RELATED TO THE TERM OF THE TERM							
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TEST DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION WAS PERFORM U 21A. ACCIDENT WAS UNDERLYING TO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES IN CERTIFY	WERE FINDINGS CONSIDERED				
U 21A. ACCIDENT WAS UNDERLYING	21B PLACE OF INJURY (e.g.	or obout 21 C. WHERE DID (If In	Boltimore City, give exact location)				
OR CONTRIBUTINO CAUSE OF DEATH Inotify medical examined	home, farm, factory, street, of	fice bidg. INJURY OCCUR?	resulting any give exact location,				
21D-TIME (Month) IDoy) (Year) (He	ud 216 INJURY OCCURRED	215. HOW DID INJURY OCCUR	7				
2 of marks	While At Not While Work At Work						
[APPROX.]	Work At Work						
22. I certify that ((this haspital) att	ended the deceased from	an 23 197/ to	march / 1971				
	March 17	21					
that (1) (last saw the deceased all	(Ve 011	/	opinian death accurred on the dat				
and hour and from the causes stated a	bave. (1) (We) (dtd) (dtd not) v	lew the body after death.					
23A SIGNATURE	1 ()		238, DATE SIGNED				
Wan la be	La Vo MO Atte	nding Med. Staff Phys.	3/1/71				
23C PHYSICIANS	Struck Phys	23D. ADDRESS					
23C. PHYSICIAN'S () NAME (Type)	4.	1/	H. 2 21				
DOUGLAS L. HU	RLGY, M.D DEGREE	JOHNS HOPKIT	NS LOSIZIAL				
24A. BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY OF CHE		(City, town, or county) (State)				
Burial 3-5-71	Carver Moemoria	1 Park Laurel,	Maryland				
			The state of the s				
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
MAR 5 1971 066	Best Et Jayber M. D.	Morton & Dyett Fun	eral stome 1/01 d 21217				
VS 150-REV. 1/1/68							

AND AND THE REST OF THE PARTY O

A /4	111.1		ru 0.400	BALTIMORE CITY HEALTH DEPART		14 0 00
N	9 E P O E	BIR	71 2167	CERTIFICATE OF DEA	ATH REG. NO.	/1 215/
	deat deat ease on th	1. N	AME OF DECEASED	VOBLE 2.	3. Min 7	1/039 P M.
	hospita ise of (5) Dec ance o		PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	A. STAJE	NCE (Where deceased lived. If ins B. COUNTY	fitution: residence before admission)
	a ho cause ise; (5 endar to d	HC IN	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
	rior rior	0	PARK Hill Nursin		Rudintuoly Dir	,
	occurre ontribut ermined regular eased p is made	5. \$	6. RACE 7. MARRIED NI		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	or con indeterral s in re- deceasition is		USUAL OCCUPATION (Give kind of work 108, KIND OF BUSI e during most of working life, even if retired)		ote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	if dea ect or t) Unc was was the d	13.	FATHER'S NAME	14. MOTHER'S MA	AIDEN NAME	4.5.4.
N	itant i e dire ind; (4 eath e on t	1S.		DCIAL TINFORMANT	Vdia Toste	ADDRESS Jev. 2/2/
DRT.	SSis The Arrange of the Arrange of t		118.44	5-32-0287 Aine S	Noble 29%	20 Hunchentovoly
IMPORTANT	lso, if of any of any unced thendo		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAUSE Pront	horunnoma	BETWEEN ONSET AND DEATH
	er. Al cture prono ar at balm		(This daes not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS A CONSEQUENCE OF	F: /	
010	A fra	ŀ	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving	(B)DUE TO, OR AS A CONSEQUENCE	OF:	
DIRECTOR:	ins an	h	rise to the above cause (A) stating the UNDERLYING CONDITION lost,	(c)		
	medica medica burns, physici an was remai	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING MY	when arrhythma	aphnia each	wa
UNERAL	chief a m Body the p ysicic	ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION 20A. AUTOPSY?	IN CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?
5	tal by b; (2) here No ph	CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLAC home, for etc.)	E OF INJURY (e.g., in or obout 21 C. WHE n, foctory, street, office bldg., INJURY C	RE DID (If in Boltimore DCCUR?	e City, give exact location)
	ature pt w (6) h		OF INJURY While At	Not While	V DID INJURY OCCUR?	
	the the cany n (exce		22. I certify that (I) (this haspital) attended the de	ceased from 23	un 19 70 to	3 tum 1971.
	of of of poly		and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after		nian death accurred an the date
	must be eleased cident hospit to deat	ľ	23A. SIGNATURE Skille MD	Attending Med Direct		23B. DATE SIGNED 9 Won 7
	ificate / was re 1) An ac 3. A. at a d prior		23C. PHYSICIAN'S NAME (Type) J HULLA MO	23D. ADDRESS 22140	Haysth	2/23/
	FT O O E	24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	F CEMETERY OF CREMATORY	240 LOCATION (CIT	y, town, or county (Stote)
- 18	the bod shows: was D.d decease	25/	A. DATE REC'D BY HEALTH DEPT. NAR 5 1971 Pale E. Y	JUDUVN COME JISTRAR 25C. FUNERAL JANUARY R.D. D. M.	DIRECTOR DIRECTOR	ADDRESS IF H
	W > U >	VS	150-REV. 1/1/68/1	2/1/0	1201- 244	VENS 21211

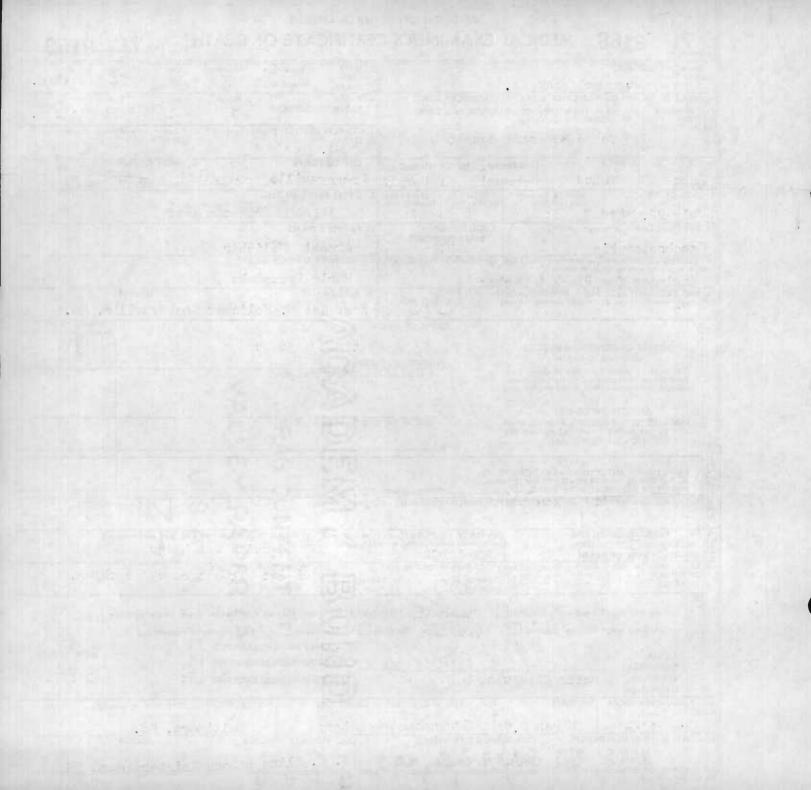


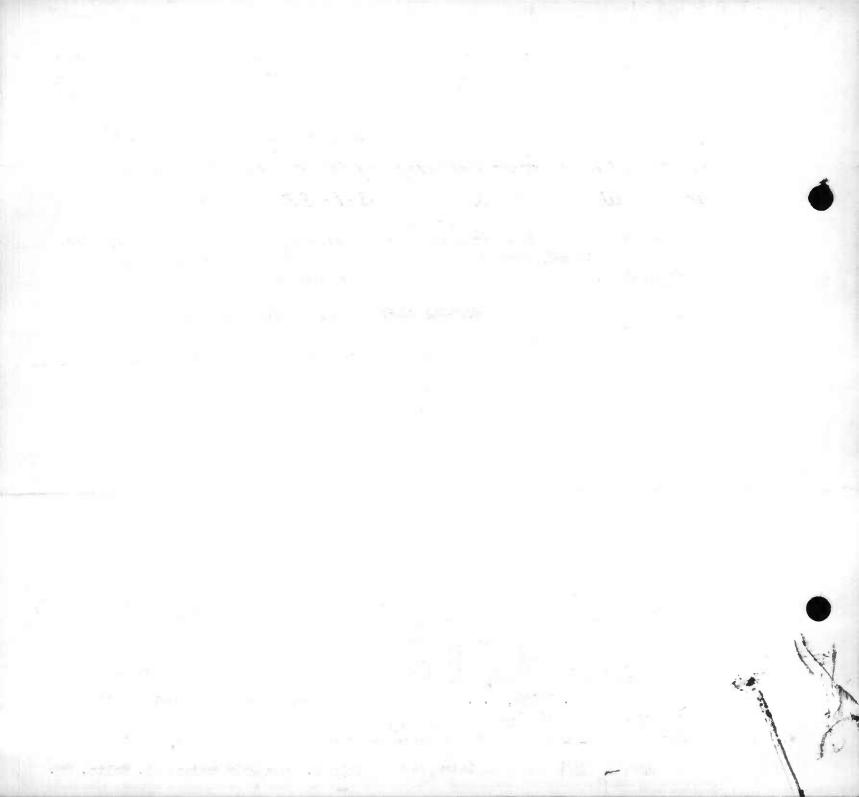
			BALTIMORE CITY	HEALTH DEPAR	RTMENT		PH 04	CO	
BIRTH NO.	71 2168		CERTIFICA	TE OF DE	EATH	REG. NO	11 21	00	
NAME OF DEC	arter Prod . h				2. DATE A	ND HOUR OF DEAT	Н		
Type er Print)	Charles Sla	attery .	12	,	2	2/28/71	1	9:30 P M	
L PLACE IN BAL	TIMORE MARYLAND, W		NCED DEAD	A. STATE		ere deceased lived. If	institution; residence		
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Marylan	d		2	302	
NOTITUTION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			C. CITY OR TOW Baltim		D. 1N	ISIDE CITY LIMITS?	.u. 🗆	
en bu				E. STREET AND			YES 3	NO L	
3/	Mercy Hospit	tal				St. #212 30			
SEX	6. RACE		NEVER MARRIED	& DATE OF BIRT		9. AGE Un years	If Under 1 Ys. Months: Doys	, If Under 24 Hrs.	
Male	White	WIDOWED		3/21/0	7	lest birthdey	Months Doys	Hours Min.	
		the state of the s	BUSINESS OR INDUSTRY				12. CITIZEN OF	WHAT COUNTR	
_	working life, even If refired)			Mary:	Inad		77.00		
	KIN11021012			14. MOTHER'S A		ME	USA		
cha	rles Slattery	T				debrand			
						genrand			
Wes Deceased	Ever in U. S. Armed For	reed service	SECURITY NO.	17. INFORMANT			ADDR	ESS	
No		711177	705-12-5733	MARY	9. K	EFER DI	DUG-HTER		
118,27	1 (3/		CAUSE OF DEAT		115	, , , , , , , , , , , , , , , , , , ,	APPR	OXIMATE INTERVAL N ONSET AND DEAT	
OTHER SIGNIF	CONDITION lest.	NTRIBUTING	(c)	CENTINS CHIPL INTARCAMENT					
	H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	RT 1 (A).							
19A-DATE OF	OPERATION 198 CON WAS PER	FORMED	VHICH OPERATION	20A AUTOPSYT (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examined	218, home	PLACE OF INJURY le.g., i e, farm, foctory, street, o	n or obout 21C. Willice bidg., INJURY	HERE DID	(If in Boltim	nore City, give exect	lecetion)	
21D. TIME	(Month) (Dey) (Year)	(Houd 21E	INJURY OCCURRED	21 f. HC	OW DID IN	HURY OCCUR?			
(APPROX.)		While	Not While	• [7]					
20.1					11	** 7/	2/28	19 7/	
	that-(t) (this hospita		e deceased from	-/-	7.6	_19ta	120		
that-(1) (we)	last saw the decease	ed alive an	2/20	19	and t	that In (my) (our) a	pinion death acc	urred en the do	
and haur and	from the causes sta	ted abave. (H)) (We) (did) (did net) v	riew the body a	fter death	•			
23A SIGNATU	IRE ()	9 //				1. 2.1	238 DATE SIGN	TED	
PatRi	ils H. 116	down	M S Atte	e. Di	ed.	Stoff Phys.	2/28	171.	
23C. PHYSICIA NAME (1	in's ypel	(-	proving	23D. ADDRESS					
A. SURIAL CRE	MATION, 248, DATE	DAC NA	DEGREE	EAA A YO A Y	1240	LOCATION	(City, town, or count	(State)	
REMOVAL	Specify)	_ ,						(sidie)	
REMAT.	_		DARHILL		2 50	ITE, AND, K	(II)	4	
	BY HEALTH DEPT.	258 NAME O	De 40	25C. FUNER	M. DIRECTO	Bulley 1	Oundallas	Dress	
	IIAK 5 1971	Valent E	values A.D.	W. MAS	Thef	newy 11	sone of		
/\$ 150-REV. 1/1/					0 7				



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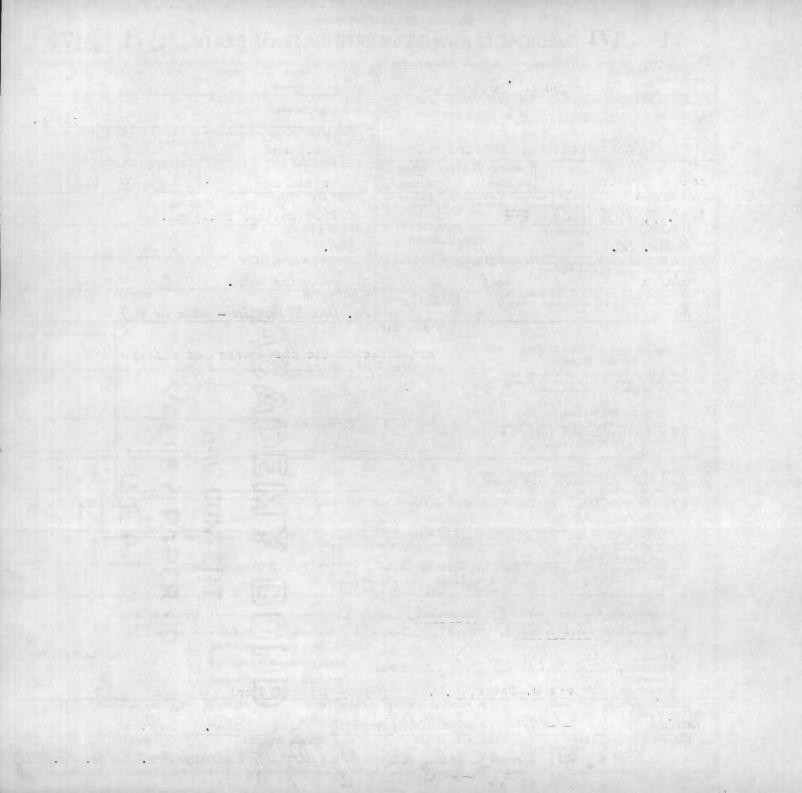
	HEALTH DEPARTMENT								
71 2169 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 2169								
t. NAME OF DECEASED (Type or Print)	2. DATE Known Manth Day Year Hour								
Ivan Melichar F.	DEATH Estimated L J 1 2.13 d. M.								
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Day Year Haur PRONOUNCED DEAD 3 1 71 2:15 a								
Union Memorial Hospital	5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY								
6. SEX 7. RACE 8. MADDIED TO MENTED MADDIED	Md. Balta.								
## MARRIED NEVER MARRIED WIDOWED DIVORCED D	C. CITY OR TOWN Cockeysville Cockeysville Cockeysville								
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hr Months, Days, Hours, Mi	s. E. STREET AND NUMBER								
July 28, 1918 52 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13. FATHER'S NAME								
Czechoslovakia WHAT COUNTRY?	Arnost Melichar								
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST dane during mast of warking lile, even if retired)	15. MOTHER'S MAIDEN NAME								
Engineer for Black & Decker	Marie Brezobska								
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no.gr unknown) (If yes, give war ar dates af service) SECURITY NO.	IB. INFORMANT ADDRESS								
No 213-52-34	6 Mrs. Asa V. Melichar Cockeysville, Md.								
19. E 9 171 X CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
DISEASE OR CONDITION DIRECTLY	Multiple injuries								
LEADING TO DEATH (A)IMMEDIATE									
neuri lollure, astnenio, etc. il means the diseose,	R AS A CONSEQUENCE OF:								
injury or camplication which coused deoth.)									
ANTECEDENT CAUSES (B)									
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF: RISE TO THE ABOVE CAUSE (A) STATING THE									
I UNDERLYING CONDITION TAST									
P II									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 1									
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes ar No)								
	no								
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	., in ar about 22C. WHERE DID (II in Baltimore City, give exact lacation)								
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Heart) 122E INTURY OF CHERE	in or obout 22C, WHERE DID (Il in Bultimore City, give exact lacation) live bldg, etc. INJURY OCCUPATION Charnita Ski Lodge								
22D. TIME (Month) (Day) (Year) (Haur) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?								
(APPROX.) I I/ /I 3:00 WHILE AT NO	Subject hit a tree while sking.								
National Property of the Control of	and that on this basis, deoth in my opinion								
resulted from: Natural causes Accident XX Sulc	ide Homlcide Undetermined manner								
TT 1/2 2/1/4	CHIEF MEDICAL EXAMINER								
SIGNATURE SULLO MULLA	ASSISTANT MEDICAL EXAMINER DATE SIGNED								
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER 🖾 × 3/1/71								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specily)	Y or CREMATORY 24D. LOCATION (City, tawn, ar county) (State)								
Cremation March 2.71 Greenmount	Cemetery Baltimore, Md.								
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS								
MAR 5 1971 Robert E. Farber M. D.	J. F. Eline & Sons Reisterstown, Md								
VS 151-REV. 1/1/68	1) 2 1 0 0								





BALTIMORE	CITY	HEALTH	DEPARTMEN	JT.

	71	2171	MED	ICAI		AMINER'S			F DEA	TH REG. NO.	71	2171
-	IH NO.											
	e or Print)	.EASED	Thon	as N.	Mart	in:	2. DATE OF DEATH	Known 🔀 Estimoted 🗆	Month	Doy	Yeor	Hour M.
4. P	LACE IN BAL	TIMORE, MA				UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HOS	NAME OF	(IF NO	T IN HOSPITA	AL OR INS	TITUTIO	N, GIVE STREET		UNCED DEAD	3	2 7		3:10 a. M.
6	43	South	Baltim	ore (Gene	ral	I A. STATE	Maryland	ere deceased	B. COUNTY	: residence	before odmission)
6. 5	EX	7. RACE		B. MADE	DIED X	NEVER MARRIED	C. CITY OF			D. INSIDE CI	TY LIMITS?	
m	ale	white		WIDON	VED [В	altimore		YE	s 🔀	NO 🗆
-	ATE OF BIRTI		10.AGE (In lost bigthdo	yeors	If Und Month	der 1 Yr. li Under 24 Hrs. s ₁ Doys ₁ Hours ₁ Min.		AND NUMBER				
	ept. 7,		64	1986				851 Holli	ns Fer	ry Rd.		
11. 8	Balto.		gn country)		[12. CI	TIZEN OF	13. FATHER					
14A.			e kind of work	14B. KINI		USINESS OR INDUSTR			AME			
done	during most of w			_					111			
	Painter	- FI/- 1	11.5.45		elf	17. 60.6111		therine	Ukn.			
	WAS DECEAS					17. SOCIAL SECURITY NO.	18. INFOR				DRESS	
1	No				'		Mr. De	onald Mar	tin -	same as 7	# 5	
1	9. Cafe /	2.41				CAUSE OF DEA	TH					PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	DISEAS	E OR CONE	ITION DIRE	CTLY		Arterio	sclero	tic cardi	03700011	lar disea	200	
		LEADING TO				(A)IMMEDIATE		cic cardi	ovascu	Tar ursea	ase	
	(This does n	of meon the	mode of dy	ing, e.g.,			AS A CONSEC	UENCE OF:				**********
	injury or con	plication whi	ch coused de	oth.)								
		NTECEDENT OR CONDITI ABOVE CA IG CONDIT	ONS, IF ANY	, GIVING ING THE			AS A CONSE	QUENCE OF:				
핟			11			(c)						
CERTIFICATION	TO THE DEA	TH BUT NO	NDITIONS CO	THE TERM	INAL						31	
			GIVEN IN P			HICH OPERATION W	AC DEDECORA	AED.			IOI AUTO	PSY? (Yes or No)
핑	A DAIL OF	OI ENATIO	200. CO	4DIIIOI4	I O K W	THEN OF EXAMON TO	NJ FERFORM	TED) 12 ((ce o) ((o)
											no	
읭	UNDERLYING		TRIB-		home,	ACE OF INJURY (e.g., form, foctory, street, office	in or obout 2 e bldg., etc.) 1	NJURY OCCUR?	(II in Boltim	ore City, give exo	ct locotion)	
Σ	22D. TIME		Doy) (Yeor) (Hou	r) 221	E.INJURY OCCURRED		2F. HOW DID I	NJURY OC	CUR?		
	OF INJURY (APPROX.)				m. W		WHILE U					
1	23.				maj ire	JAN L	OKK LI					
П			eld an 1	_	□ .	Inspection X Au	topsy 🗌	and that on	this basis	, death in my	apinion	
	result	ed fram: N	latural cau	ses X	KE	citientSuicie	ie 📙 H	omicide 🗌	Undetern	nined manner		
		1111	1 . 0	1		1-		CHIEF MEDICAL	EXAMINER			
	ACTUAL	105 /W	SWY	n	7/	07	ASSI	STANT MEDICAL	EXAMINER			DATE SIGNED
	SIGNATU				1	M.D		CIATE MEDICAL				
	NAME (T		erner	U. St	itz	, M.D. D		Chief Med			3/	2/71
REA	BURIAL CREA	AATION,	24B. DATE		24C	NAME of CEMETERY	ar CREMATO	ORY 240	. LOCATIO	N (City, town	, or county	
1	Burial		3-5-1	10		edar Hill (e	a		Balto	· Md.		
25A	. DATE REC'D	MAR 5	1971	<i>P</i>		Jaben MA		FUNERAL DIRECT			DORESS Balt	to. Md. 2122
VC 1	E1 DEV 3/2/66											



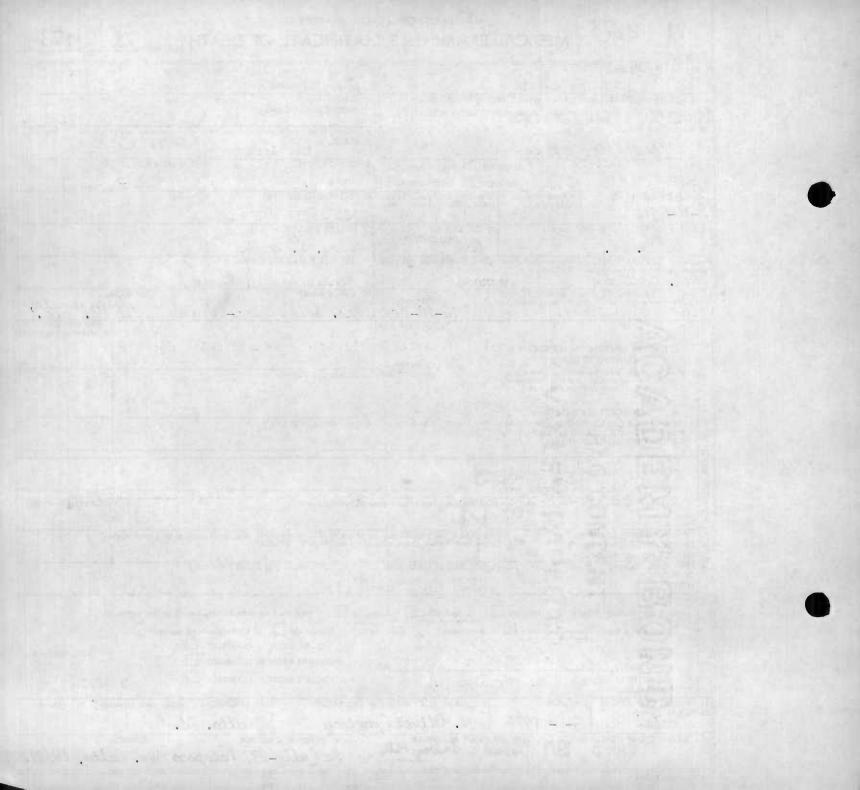
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BIRTH NO. 1	2172 MED	DICA	L EXAMINER'S	CERTIFIC	CATE OF	DEAT	TH REG. NO.	71	2172	
1. NAME OF DI				2. DATE	Known KK	Month	Day	Year	Hour	
(Type or Print)	Sarah T	aylor		OF DEATH	Estimated	3	1	71	10:50	a.
4. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE F	RONOUNCED DEAD	3. DATE		Month	Day	Year	Haur	М.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR IN:	STITUTION, GIVE STREET		JNCED DEAD	3	1	71	10:50	а _{м.}
31		City	7 Hospital	A. STATE	ESIDENCE (Where	e deceased	B. COUNTY	: residence	O/	an)
6. SEX	7. RACE	8. MAR	RIED NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?		
female	White	1	WED DIVORCED	Balt	0.			ES 🔀	NO 🗆	
9. DATE OF BIR		n yeors	If Under I Yr. II Under 24 Hrs.	E. STREET A	ND NUMBER			.3 [_]	140	
1-24-		¥	Months Doys Hours Min.			liott	St.			
	(State or loreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'		liam H	. Miller			
14A.USUAL OCC	UPATION (Give kind al work	148. KIN	OF BUSINESS OR INDUSTR	15. MOTHER	S MAIDEN NA	ME				
Hous	warking lile, even il retired) ewife	100				Sar	ah Johns	ion		
16. WAS DECEA	SED EVER IN U.S. ARME	FORCE	S? I7. SOCIAL	18. INFORM	ANT Son:	Deci				
1/10	n) (If yes, give war or dates	of service	716-10-9475D	John F	· Levinsk	i	3122 ET	Md.	St.	
19.	2.2		CAUSE OF DEA	TH					PPROXIMATE INTE	
DISEA	SE OR CONDITION DIRE	CTIV	Hyne	rtensiv	e cardiov	#SCH12	r diseas	100	MEEN ONSE! AND	DEATH
0.524	LEADING TO DEATH	CILI			c cararov	an Culc	iz arbeat			
(This does	not mean the made of dy	lng, e.g.,	(A)IMMEDIATE O	AS A CONSEQ	JENCE OF					
Injury or co	e, osthenia, etc. It means the implication which caused de-	oth.)			221102 011					
N Comment										
	ANTECEDENT CAUSES		(B)							
RISE TO TH	OR CONDITIONS, IF ANY	ING THE	DUE 10, OR	AS A CONSEC	WENCE OF:					
UNDERLY	ING CONDITION LAST.		(c)							
OTHER SIG	- II									
OTHER SIG	NIFICANT CONDITIONS CO	THE TERM	IINAL							
	R CONDITION GIVEN IN P		FOR WHICH OPERATION WA							
O DAIE C	OF OPERATION 200. CO	ADIIION	FOR WHICH OPERATION WA	AS PERFORM	ED			21. AUTO	. AUTOPSY? (Yes or No)	
-1						- 241	no			
UNDERLYIN	RNAL CAUSE WAS GOOR CONTRIB		22B. PLACE OF INJURY (e.g., hame, farm, factory, street, allice	in ar about 22 bldg., etc.) IN	JURY OCCUR?	ti in Baltima	re City, give exa	ct lacation)	HATE	
≥ 22D. TIME	(Month) (Day) (Year) (Hou	r) 22E.INJURY OCCURRED	25	F. HOW DID IN	IIIDY OCC	LIDO			
OF INJURY	(, (1100		WHILE -	a. non bib ild	JUNI OCC	UKT			
(APPROX.)			m. WORK AT W							
23.	416. A. A. I. I. A. I.									
		nquiry		top sy	and that on th					
resu	Ited from: Natural cau	ses XX	Accident Suicid	e Ho	micide 🗌 📗	Indetermi	ned manner			
	T	/.	11/1	C	HIEF MEDICAL E	XAMINER				
SIGNA		11	/ Vulle "	ASSIS	TANT MEDICAL E	XAMINER			DATE SIGNE	D
EXAMIN NAME (VER'S Peter Li	pkov	ic, M.D.		CIATE MEDICAL E	XAMINER	□kx	3	3/1/71	
24A. BURIAL CRE			24C. NAME of CEMETERY	or CREMATO	PV late t	OCATION	lc:		1000	
REMOVAL (Spec	cify)		Cedar Hill				(City, Iown,			
25A. DATE REC'E	BY HEALTH DEPT.	258. N	IAME OF REGISTRAR		UNERAL DIRECTO			DRESS		
	MAD 5 1071	-	BE. Jaben M. B. 1		n J. Duda				THAL MAN	1
	ING C THIN	hope	7,		77	4027	HUCOUNT VD	ye . Del.	Today bridge	11
VS 151-REV. 1/1/6	88	1 3	2 2 2	- Contract	1					==

SALE SALE Clan Review, North on Ch Cedam Hall Commons Winds , Ketting . Michogardin RSPS about burnier

71 2173 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 71 2173

BIRT	HNO.									REG. NO.		
	AME OF DEC	EASED					2. DATE	Knawn 🗌	Manth	Doy	Yeor	Hnur
(1Abe	ar Print)	EDWARD	BRO	WN			DEATH	Estimated				м.
4. P	ACE IN BAL				RONOL	INCED DEAD	3. DATE		Manth	Doy	Year	Hour
FULL	NAME OF	(IF NO	IN HOSPITA	LORINS	TITUTIO	N, GIVE STREET	PRONOL	INCED DEAD	Manal	2 1071		0.51 D
OR II	PITAL NSTITUTION	ADDRE	SS OR LOCA	TION)			6 LICHAL D	SIDENCE (Whe		2,1971		9:51 P.M.
A.							A. STATE	SIDEIACE (MUS	re deceased II	B. COUNTY	1 esigence b	elore odmission)
0		Jeffrey	Stree	t				Marylan	d		25	47
6. SI	S. SEX 7. RACE B. MARRIED NEVER MARRIED							TOWN		D. INSIDE CIT	Y LIMITS?	
I.	ía le	Whit	e	WIDOW	VED 🗌	DIVORCED [Balt	0.		YE	s 🗷 🗈	NO
9. D.	ATE OF BIRTI	Н	10. AGE (In	years		er 1 Yr. II Under 24 Hrs.	E. STREET A	ND NUMBER				
8-	10-1912		10. AGE (Ir lost birthdo	58	Manths	Doys Haurs Min.	955 1	effrey S	tract			
	IRTHPLACE (S			50	12 CI	IZEN OF	13. FATHER		rreer			
		4. 4			W	AT COUNTRY?	C1	0 0				
	Balto.			15 115 15	-		(has					
dane.	during most of w	PATION (Give varking life, eve	kind of work on Ifretired)	148. KIND	OF BU	ISINESS OR INDUSTR	15. MOTHE	S'S MAIDEN NA	/ -			
		tender		Ba	roco	om	Henr	ietta	(Rhod	e /		
16. V	VAS DECEAS	ED EVER IN	J.S. ARMED	FORCES	? 1	7. SOCIAL SECURITY NO.	18. INFORM	ANT		AD	DRESS,	0 .
"y	po or unknown)	(if yes, give	0 11	at service	'	212-10-2496	Mars.	Sally Bal	Don-114	Onto Son	inglan	Duryye,
_	9.2111	2-2-1				CAUSE OF DEA		Jacky Das	(00,11	out opic		PROXIMATE INTERVAL
	7/00	17				A == 4= == *	4 .					EEN ONSET AND DEATH
		E OR CONDI		CTLY		Arterio	sclerot	ic cardi	ovascul	ar disea	se	
	(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:											
	heart failure,	asthenio, etc.	It meons the	disease,		DUE 10, OR .	AS A CONSEQ	UENCE OF:			F134 F24	
	Injury ar com	plication which	h caused de c	ith.)								
	1A	NTECEDENT (CAUSES			/01						
	DISEASES C	OR CONDITIO	NS, IF ANY			DUE TO, OR	AS A CONSEC	QUENCE OF:				
	RISE TO THE	ABOVE CAL	JSE (A) STAT	ING THE								
2			OTT EAST			(c)						
Ĕ	071170 01011		11				4					
O.		IFICANT CON										
#		CONDITION				***************************************						
CERTIFICATION	UA. DATE OF	OPERATION	1 208. CON	IDITION	FOR W	HICH OPERATION W	AS PERFORM	ED			21. AUTOP	PSY? (Yes or Na)
											no	
()		VAL CAUSE			228. PL	ACE OF INJURY (e.g.,	in ar obaut 2	2C. WHERE DID	(il in Baltima	re City, give exac	t location)	
	UNDERLYING UTING [] CA			4 1 -	hame, t	arm, lactory, street, alfic	e bldg., etc.) II	AJURY OCCUR?				
			ay) (Year) (Havi	r) 22E	INJURY OCCURRED	2	2F. HOW DID IN	VJURY OCC	UR?		
	APPROX.)			, (WHILE					
	3.				m. WC		ORK L					
4		ify that I he	.13 1.	nquiry [7 .			! .!	de tou			
					-		tapsy 📙	and that an	this basis,	death in my	ipinion	
	result	ed from: N	atgral cau	ses X	Acc	Ident U Suicle		micide 🔲		ned manner L	1	
	1 121/11							HIEF MEDICAL	EXAMINER			DATE SIGNED
	SIGNATU	IRE // 6	M	111	la	M.D	ASSI	TANT MEDICAL	EXAMINER	X		DATE SIGNED
	EXAMINI	1/	nald M	Vor	nh1	ım, M.D.		CIATE MEDICAL	EXAMINER		2/2/-	7 1
	NAME (T	ype)	na Lu IV	. Rol	HDT	IIII, FI. D.					3/3/7	1
	BURIAL CREA	AATION, 2	48. DATE		24C.	NAME of CEMETERY	ar CREMATO	RY 24D	LOCATION	(City, lown,	ar caunty)	(State)
KEM	OVAL (Special		3-64 7	971	1	t. Olivet (emotonu		Balto.	M		
25.4	DATE REC'D		1	//			0				Darce	
23 A.	DATE REC D	MAR'S	1971	Take	BE	FREGISTRAR ALL		UNERAL DIRECT			DRESS	MILA
		4	1011		HOM.		- IIIC	(ully-2)	1/ rata	osco Hve	. Dalt	o. Md/2122
VS 1	51-REV. 3/1/68			7	1			7 0				



VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

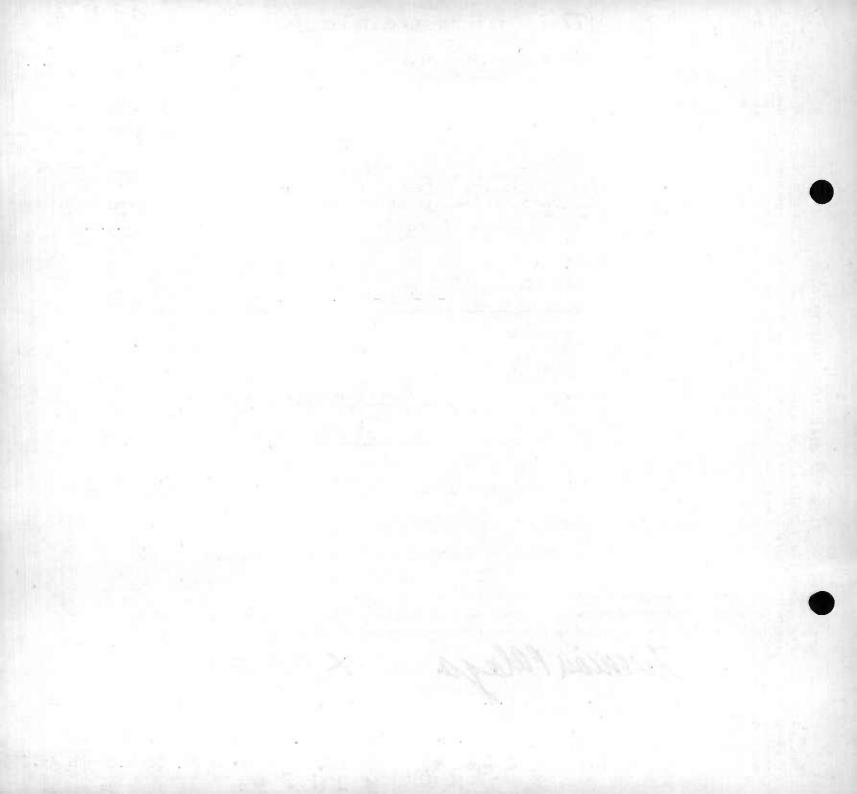


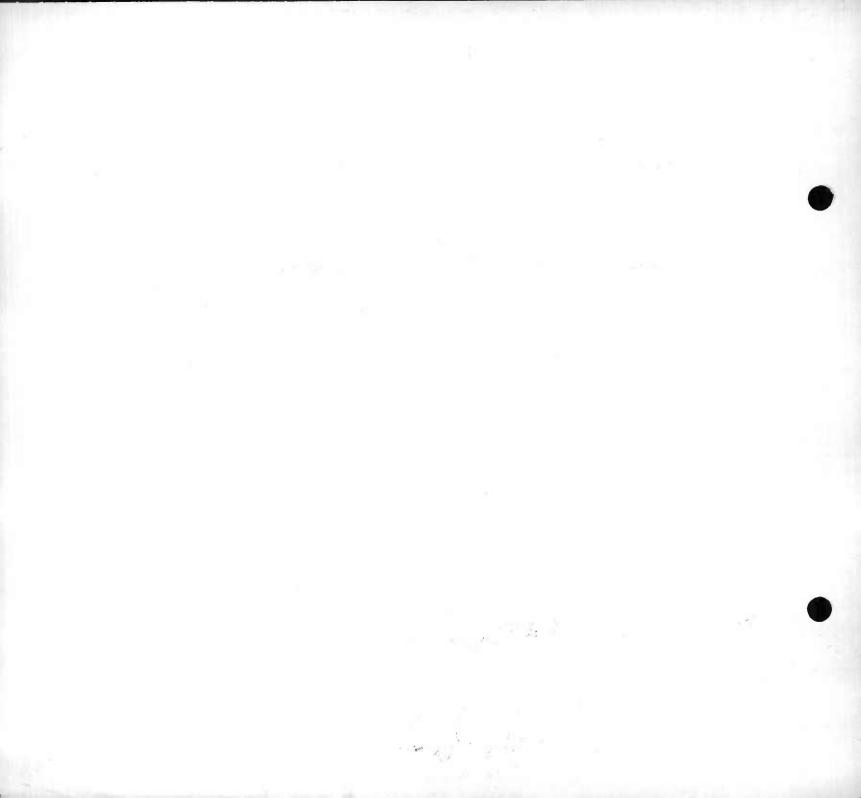
VS 150-REV. 1/1/68

and

	BALTIMORE	CITY HEALIN AN AKIMENT	71
BIRTH NO. 71 2176	CERTIFIC	CATE OF DEATH REG. NO.	71 2176
1. NAME OF DECEASED	1 //	2. DATE AND HOUR OF DEAT	
3. PLACE IN BALTIMORE, MARYLAND, 1	WHEE BOOKENEED DEAD		1971 M
STEACE IN BALLIMOKE MAKIEAND,	WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE IWhere deceased lived. If	institution: residence before dimission)
FULL NAME OF (IF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	MARYLAND	1.543
HOSPITAL OR ADDRESS OR LOC	AllONI	C. CITY OR TOWN D. IN	ISIDE CITY LIMITS?
2 11 0 11	2	BALTIMERE	YES NO
Douth OALTIMER	e General Hospin	E. STREET AND NUMBER	
		2505 Maisel Street	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lost birthday)	If Under 1 Yi. If Under 24 Hrs. Months: Doys Houss Min.
Female Negro	WIDOWED DIVORCED	5-15-1898 73	Monins Doys Hours Min.
IOA USUAL OCCUPATION (Give kind of wor	TOR KIND OF BUSINESS OR INDU		12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired)	Deet Bamile	1000011/2013	7.6.0
Domestic 13. FATHER'S NAME	Pvt. Family	14. MOTHER'S MAIDEN WAME	377
- Transfer		14. MOTHER'S MAIDEN HAME	
	Kent	? ? ?	
5. Was Deceased Ever in U. S. Armed Fo Yes, no or unknown) (If yes, give war at dat	se of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	220-14-4	739 Togonh Wash 2505 M	
18. // -3 / 63 !	CAUSE OF D		I APPROXIMATE INTERVAL
DISEASE OR CONDITION D		2 1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(0)	couse VASCular Accol	on T
(This does not mean the mode of	dying, e.g., (A) IMMEDIATE	AS A CONSEQUENCE OF:	-74
heart failure, asthenia, etc. It means	HIO GISOGSO.	No A GOLDE GOLLIE GIT	
ANTECEDENT CAUSES	(1)	100	1
	(B)	eumonia	P0-00-00-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0
DISEASES OR CONDITIONS, if	any, giving DUE 10, OI	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c)		
11	,		
OTHER SIGNIFICANT CONDITIONS CO E TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAI 1994. DATE OF OPERATION 1998. CON WAS PER	NTRIBUTING //.	man done -	1
TO THE DEATH BUT NOT RELATED TO T LISEASE OR CONDITION GIVEN IN PAI	HE TERMINAL	nersension	***************
194 DATE OF OPERATION 198 CON	IDITION FOR WHICH OPERATION	20A. AUTOPST? (Yes or No.) 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
WAS PER	POKWED	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTION FOR CALLED	218 PLACE OF INJURY (e	g, in or about 21C, WHERE DID (If In Boltim	ore City, give exoct location)
DEATH (notify medical examinar)	home, form, foctory, stree	, office bidg, INJURY OCCUR?	
O 21 D. TIME (Month) Day)	Hour 215 INJURY OCCURRED	215 110 110 110 110 110 110 110 110 110 1	
OF INJURY		21f. HOW DID INJURY OCCUR?	
IAPPROX.)	Work At W	ork	
22. I certify that (1) (this hospita	1) attended the deceased from	2/12/2/ 19 10 3	2/26/2/19
that (1) (we) lost saw the decease	ad alive on	ond that in(my) (our) a	
and hour and from the causes sto		A stander by the first of	seem occorred on the date
23A. SIGNATURE	Cara caracter Vines (ata) (ata ya	i, view the body diter deoth.	22P DATE SIGNES
10.00 11	1/ (= m.)	Attending Med. Staff	23B, DATE SIGNED
Wonald N.	Xer Up 1 DEGREE	Phys. — Director — Phys.	2/26/7/
23C. PHYSICIAN'S NAME (Typel	, //	23D. ADDRESS	
DONACD H. A	MISCOD M.D.	South Ball	Oren.
24A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	M+ 7h		
Burial 3-2-1	258 NAME OF REGISTRAR	emetery Baltimore	Maryland
ARAD 5 1071	Bert E. Faber M.D.	1	ADDRESS
MAN DIN	STOCKE OF MARCHET LESS	NUTTER BUNERAL HOME	JUJD W. NORTH A







	HEALTH DEPARTMENT	
71 2179 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	71 2179
I. NAME OF DECEASED	2. DATE Known Month Day	Yeor Hour
(Type or Print) VERNA SINDLER	OF DEATH Estimated	.,
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		971 2:25 P.
ORINSTRUTION THAT THAT DRESS OR LOCATION) A MENDE		М.
CERTIFICATE AMENDE	5. USUAL RESIDENCE (Where deceased lived. If institution: r A. STATE Manual B. COUNTY	esidence before admission)
1101 N. Calvert Street 3-11-7	Maryland B. COUNTY	1101
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Female White WIDOWED DIVORCED	□ Baltimore YES	No 🗆
	Irs. E. STREET AND NUMBER	<u>M</u> 140 Cl
9. DATE OF BIRTH 10. AGE (in years last birthday) Feb 25 1010 11. AGE (in years last birthday) Months: Days Hours Months: Days Months: Days Hours Months: Days Months: Days Months: Days Hours Months: Days Months: Day	1101 N. Calvert Street	
11. BIRTHPLACE(State or loreign country) 12. CITIZEN OF		
WHAT COUNTRY?	13. FATHER'S NAME	
Maryland U.S.A.	? Lane	
4A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUS fane during mass of working lile, even il retired)	TRY 15. MOTHER'S MAIDEN NAME	
Housewife	Unknown	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL		RESS
(Yes, na or unknown) (II yes, give wor or dates al service) SECURITY NO.	D-3 - 1	
NO	Dr Joseph Sindler Belvede	
19. CAUSE OF D	DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Uni-den	rtified drug overdose	
LEADING TO DEATH	Barbiturate Overdose	
(A)IMMEDIAN (This does not mean the made of dying, e.g., (A)IMMEDIAN	OR AS A CONSEQUENCE OF:	
heart laiture, asthenia, etc. It means the discose, Injury or complication which coused deoth.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OF COLUMN (C)		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED	1. AUTOPSY? (Yes ar No)
		yes
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.	.g., in or about 22C. WHERE DID (II in Boltimare City, give exact	(acation)
UNDERLYING OR CONTRIB-	1101 N. Calvert Street	1/11/
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY(e. hame, form, lociary, street, or home) Home 22D. TIME (Manih) (Day) (Yeor) (Haur) 22E,INJURY OCCURRE		1101
OF INJURY	IOT WAILE	
Several days m. WORK X	TWORK Subject ingested drugs	
23.		
I certify that I held an Inquiry Inspection	Autapsy and that on this basis, death in my ap	olnlon
resulted from: Natural causes Accident Sul	cide Momicide Undetermined manner	
111/1/2 1 50	CHIEF MEDICAL EXAMINER	
ACTUAL 1100119 12 2/47		DATE SIGNED
	M.D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Werner U. Spite, M.D.	ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner	2/28/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	RY or CREMATORY 24D. LOCATION (City, town, o	r county) (State)
REMOVAL (Specifical on 3/1/21 Greenmon	unt Baltimore,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		
- 1000 70 70 100	25C. FUNERAL DIRECTOR ADD	RESS
MAK 5 1971 Valley E. Jackey KD.	* Leonard J Ruck Inc. Ba	ltimore. Md
/S 151-REV. 1/1/68	O 2 1 7 D	The second
	1 / ()	1

			BALTIMORE CITY	HEALTH DEPARTMENT	per per		. 6.91
BIRTH NO.	1 2180		CERTIFICA	TE OF DEATH	REG. NO.	1 2180	
I. NAME OF E	nPhillip Richa	rdson			ND HOUR OF DEATH	1 11:20	PM
3. PLACE IN I	BALTIMORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IN	ere deceased lived. If is		- M
full NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Mercy Hospital				https://ext	Maryland	90	1
				C.CITY OR TOWN D. INSIDE CITY LIMITS? XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
M	W	WIDOWED	DIVORCED	12/17/14	lost birthday	If Under 1 Yr. If Un Months Doys Hours	
done during most	CCUPATION (Give kind of wor of working life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT	COUNTRY
Laborer				Pittsville		U.S.A.	
3. FATHER'S NAME Calvin Richardson				14. MOTHER'S MAIDEN NAME			
			1	1rma	xx Wimbro	W	
Yes, no of unkno	sed Ever in U.S. Armed For (If yes, give wor or date	rces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
No			216-03-366	Mrs Joyce I	Trunka 7	11 Ferguson	Rd
18./5	4,/1		CAUSE OF DEAT			APPROXIMATE	INTERVAL
DISE	EASE OF CONDITION DI LEADING TO DEATH	RECTLY		12		0 0	0 _
(This does	not mean the mode of	dvina an	(A) IMMEDIATE CAU	SE Ceneral it as Cou	unancharting o	distance	sem Re
heart failu	re, asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	Usiness blad		
injury or c	complication which caused		0	TE		all lines	4
	ANTECEDENT CAUSES		(8)	Viname of	Reelin.		
DISEASES	OR CONDITIONS, if the above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	-		
UNDERLY	NG CONDITION Just	stohng the	(c)				
	11		(0)				
OTHER SIGN	NIFICANT CONDITIONS CO	NTRIBUTING					
O DISEASE OF	CONDITION GIVEN IN PAR	T 1 (A).	***************************************				**********
TO THE DE DISEASE OF 19A-DATE	OF OPERATION 19E CON WAS PER	FORMED	WHICH OPERATION	YES	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
. OR CONTR	DENT WAS UNDERLYING DEUTING CAUSE OF Hisy medical examined	218, hom etc.)	PLACE OF INJURY le.g., in e, farm, factory, street, of	or about 21 C. WHERE DID	(If in Boltimor	e City, give exoct location	
OF INJURY	(Month) (Day) (Year)	(Hour 21E	INJURY OCCURRED	21f. HOW DID IN	JURY OCCUR?		
S OF INJURY			le At Not While				
		Wor		<u> </u>			
22. I certi	fy that (1) (this hospital) attended th	ne deceased from	2/1/19.	19 ta	12	19
that (i) (w	re) last saw the decease	d alive an		19and th	nat in (my) (our) apt	nian death accurred a	n the date
ond hour	and from the causes sta	red abave. (I) (We) (did) (did not) v	lew the bady after deoth.			
23A. SIGNA		0				238, DATE SIGNED	
	/ Kanesop	lu-		nding Med.	Staff Phys.	3/2/1	,
23C. PHYSIC	CIAN'S		DEGREE Phys	Director L	Phys.	2/1/1	
NAME	THAN AGOF	HCX!		MER	CY HOCE	PITAL	
4A. BURIAL C	REMATION 1248, DATE	24C. NA	ME OF CEMETERY OF CRE	MATORY 124D. I	-	ty. town, or county)	(State)
REMOVAL	- 1 - 1 - 1 - 1	Tr.	oudon Park Cem	etery			
Buria	al 13/5/71	School School	nockanock xbrance	xxxxxxxxxxx I	Baltimore,		
JAI DATE REC	AN E ANTA	25B. NAME O	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS	3.6.7
Mi	AR 5 19/1 UG	Beall C.		Leonard J F	cuck Inc.	saltimore,	Md
/S 150-REV. 1/	1/68			1 2 1 . 7			

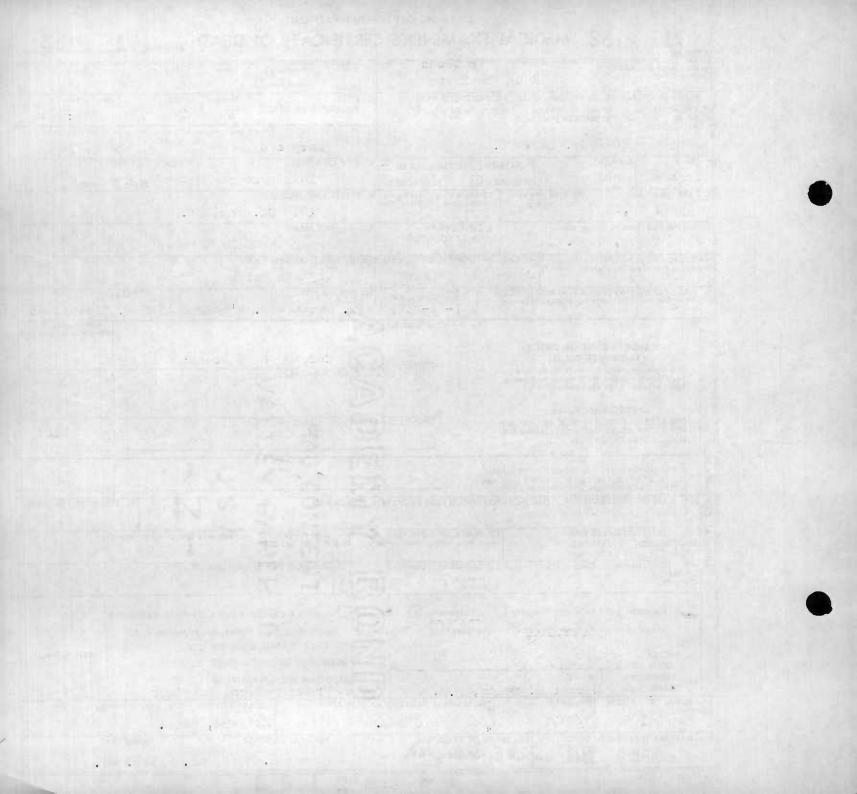


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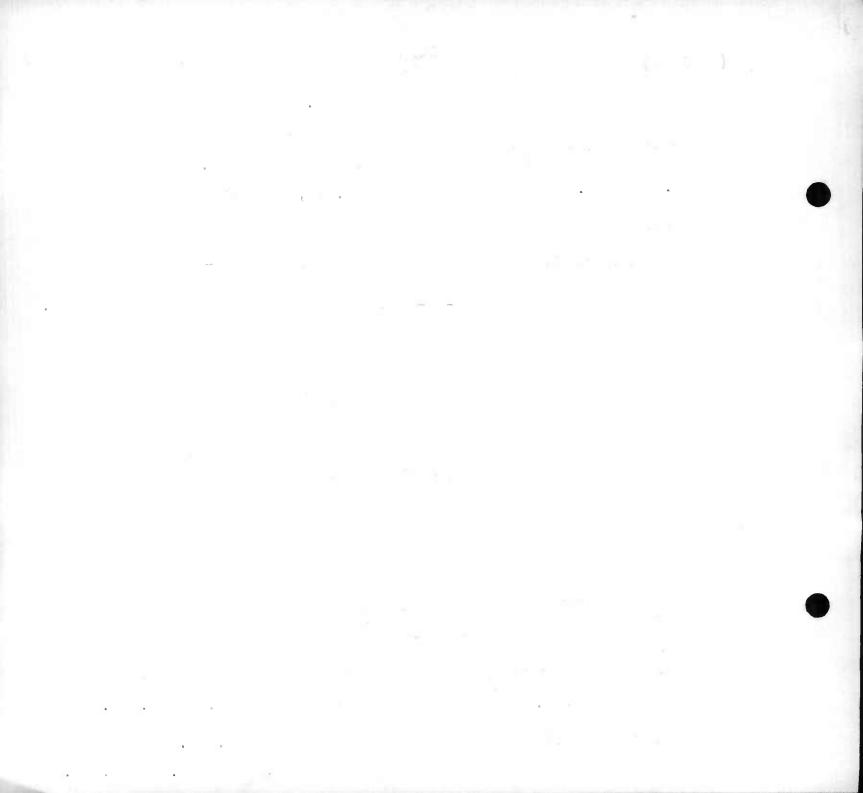
71 2182 BIRTH NC.	MEDICAL	EXAMINER'S	CERTIFICATI	OF DEAT	H REG. NO. 7	1 2182
t. NAME OF DECEASED (Type or Print)	Ruth E	Mathews Mexixews	2. DATE Know OF DEATH Estim	n 🖾 Month	Doy	Year Hour
4. PLACE IN BALTIMORE, MA FULL NAME OF HOSPITAL OR INSTITUTION	ARYLAND, WHERE PRODITION HOSPITAL OR INSTITUTES OR LOCATION)		3. DATE PRONOUNCED D	Month	Doy 2 71	Year Hour 9:00 a M.
00 1010	St. Paul St.		A. STATE Maryl		ved, if institution; re B. COUNTY	sidence before admission)
female 7. RACE whit		D NEVER MARRIED DIVORCED	C. CITY OR TOWN Balt	imore	D. INSIDE CITY	
April 18,1904	lost birthdoy) 66	K Under I Yr. II Under 24 Hrs. Aonths: Doys : Hours : Min.	E. STREET AND NU	MBER St. Paul		
Winchester, Ma		2. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME Bernard	Francis Ma	athews	
14A.USUAL OCCUPATION (Give done during most of working lile, even the control of	on il ratirodil	of Business or Industry hite Fathers	15. MOTHER'S MAID Mary An			
16. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, give to no	U.S. ARMED FORCES?	01 1-03-6337	18. INFORMANT Rev. Matthe	w J. O'Rou	ADDR	RESS N. Calvert St
DISEASE OR COND LEADING TO (This does not meen the heart loilure, osthento, etc injury or complication whi ANTECEDENT DISEASES OR CONDITI RISE TO THE ABOVE CA UNDERLYING CONDIT	DEATH mode of dying, e.g., ill means the disease, ch coused death.) CAUSES ONS, IF ANY, GIVING USE (A) STATING THE ION LAST.	(B) DUE TO, OR (C)	AUSE Garcin AS A CONSEQUENCE O		ast	
O O	GIVEN IN PART 1 (A).	OR WHICH OPERATION WA				. AUTOPSY? (Yes or No)
UNDERLYING OR CON UTING CAUSE OF DEA 22D. TIME (Month) (D OF INJURY (APPROX.)	TRIB-		22F. HOW	RE DID (II in Boltimon CCUR?		ication)
ACTUAL SIGNATURE EXAMINER'S NAME (Type) W	atural causes Kl	Accident Sulcid	Homicide CHIEF ME ASSISTANT ME ASSOCIATE ME Deputy Chief	EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER	med manner	DATE SIGNED 3/2/71
25A. DATE REC'D BY HEALTH		Oak Grove Cem	25C. FUNERAL	Medford, DIRECTOR J. Ruck In	ADDR	
VS 151.DEV 3/2/68		27			-	







1	534 1	BALTIMORE CITY HEALTH DEPARTMENT
	and sed the uch	BIRTH NO. 71 2185 CERTIFICATE OF DEATH REG. NO. 71 2185
	- B B E S	(Type of Print) LENA DI NATALE 2. DATE AND HOUR OF DEATH ADELINA)
	pita Opec ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission
	5 00	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION A. STATE B. COUNTY Md. Balton G. CITY OF YOUR INSTITUTION
		D. INSIDE CITY LIMITS?
		Gould Convalesarium Baltimore YES NO E. STREET AND NUMBER
	0	5702 Kenwood Ave.
	occurred in ontributing ermined cau regular atte eased prior is made.	F. WIDOWED DIVORCED Aug. 17. 1896 In years II Under 1 1/2. If Under 24 Hi Months Days Hours Min.
	th colored	IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
	dea Und as i	Housewif'e Italy Ttaly
	if d (4) L wa the spos	John Gargiulo 14. MOTHER'S MAIDEN NAME Migell —
Z	\$45 July 64	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.
MPORTAN	+ S E . L O O D	no Charles DiNatale 1320 Roxboro Rd.
O	is assi	18. 44 10 1 APPROXIMATE INTERVAL
MP	E 0 + E 0 0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
_	onon att	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease,
CTOR:	ner. actu pro ular mba	injury or complication which caused death.)
CTO	Xami Kami A fr who reg	DISEASES OR CONDITIONS, if any, giving (B) (Intervaluate Cardinate Desire) DUE TO, OR AS A CONSEQUENCE OF:
DIRE	S = 13	rise to the above cause (A) stating the UNDERLYING CONDITION (ast.
-4	medical medical burns; (; physician an was ii	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA	Phy Phy	TO THE DEATH BUT NOT RELATED TO THE TERMINAL (Milmhi) (Milmhi)
UNER	chi th ysi	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
7	of phe solution	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in at obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
		Q 21D-TIME (Manthi (Day) (Yeori (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	oved b hos cept cept rd (6	(APPROX.) While At Not While At Work
	24 5 X 20	22. I certify that (I) (thin heapitel) attended the deceased from 2/4/19 7/ to 3/2/19 7/
	of all (of all (b); be o	that (1) (we) last saw the deceased alive an 2/28/197/ and that in(my) (our) apinion death accurred an the da
	dent of death)	and have and from the causes stated above. (1) (We) (did) (dident) view the bady after death.
	3 0.2.5	Attending Med. Staff 3/2/7/
	y was rel 1) An acc 3.A. at a l d prior to	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	certificate body was res (1) An a D.O.A. at assed prior	Albert B. Bradley MD OF REMOVAL (Specify) Albert B. Bradley MD OF R
	ody S: ()	TD-1 2 . 0 /r /m4
	This certify the body shows: (1) was D.O deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	100	
		VS 150-REV。1/1/68



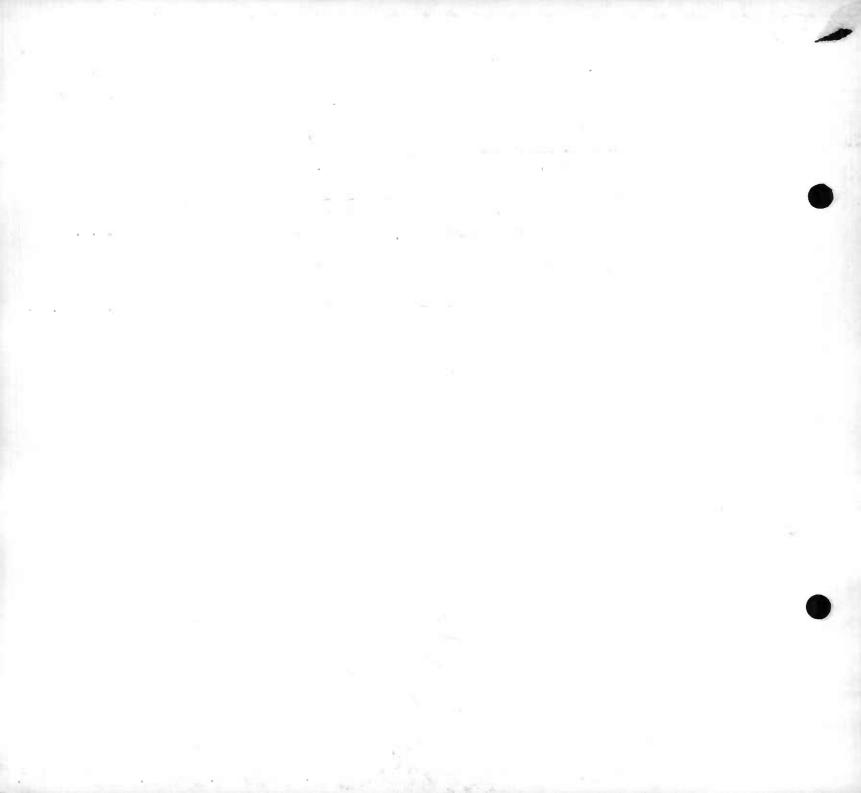
Richard In 11 -Museral Buther Coli witum Cap Berther June 3 min . December 35-7 Ochatio Cirt Bilds Bill 18 18 College William St.

A 620

81	71 RTH NO.	2187	MED	ICAL	EXA	MINER'S	CERTIF	ICATE	OF	DEATI	REG. NO	71	218	7_
-	NAME OF DEC	EASED					2. DATE	Known	X	Month	Doy	Year	Hnur	
(Ty	pe or Print)	E.U. W	ILLIAM	AYE	RS		OF DEATH	Estimoted		March	3, 1971		11101	
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PR	ONOUNG	CED DEAD	3. DATE			Month	Doy	Yeor	Hour	М.
	LL NAME OF	(IF NO	T IN HOSPITA	ORINST	ITUTION, C	SIVE STREET	PRON	DUNCED DEA	D					_
OR	INSTITUTION	ADDRE	SS OR LOCAT	10 N)			5 USUAL	RESIDENCE	(Where	March	3. 197] ed. If institution	rasidanca	6:3	P.M.
	nn.	1770	E. Nort	-h Arr	02110		A. STATE				B. COUNTY	0	A L	1007
6	SEX	7. RACE					C. CITY C	Marylan	ıa		n la conne du	0	0	7
0.	Male		020	o. MARRI	IED NE	EVER MARRIED		altimor			D. INSIDE CI			
-			gro	WIDOW		DIVORCED					YE	s X	NO 🗆	
4.	DATE OF BIRTI	1891	10. AGE (In lost birthdoy 79		Months D	Yr. If Under 24 Hrs.		770 E.		th Ave	nue			
11.	BIRTHPLACE (S	tote or foreig	n country)		12. CITIZE	EN OF		R'S NAME		1.A				
C.	huart (20. M	ld.		WHAT	COUNTRY?		John	,	The	20,0			
144			kind of work I	4B. KIND	-	NESS OR INDUSTRY	15. MOTH		NAM	E	ers			
dor	e during most of w		en If retired)		Pun	2.1	0	0001	11	(3)				
16	WAS DECEASE		U.S. ARMED	FORCES		SOCIAL SOCIAL	IB. INFO	MANIT	C 13	- W	ICR	DRESS		
	s, no grunknown)					SECURITY NO.	M	M	- A		AL	S. A		
_	100				211	5-14-6207	1 ms.	1 lang.	2. H	yers	7	Am	e	
	19.4/2	7.4-1				CAUSE OF DEA	TH	- 1		1			PROXIMATE II	
	DISEASI	E OR COND	ITION DIREC	TLY		Arterioscl	erotic	cardio	vaso	cular	disease			
		LEADING TO				(A)IMMEDIATE C	AUSE							
	(This does no heart foilure,	of mean the , osthento, etc.	mode of dyle	ig, e.g.,				QUENCE OF:						
	injury or com	aplication which	ch coused de of	h.)										
	An	NTECEDENT	CAUSES			(a)		-						
	DISEASES C	OR CONDITIO	ONS, IF ANY,	GIVING		(B) DUE TO, OR	AS A CONS	EQUENCE OF	:					
	RISE TO THE	ABOVE CAL	USE (A) STATI	NG THE										
S						(c)								
F	OTHERSION	I EICANT CON	II IDITIONS CO	NITDIDI ITI	INIC									
CERTIFICATION	TO THE DEA	ATH BUT NOT	RELATED TO T	HE TERMI	NAL							500		
E			GIVEN IN PA		OR WILL	H OPERATION WA	C DEDECO	MED				101 11170	Dave /V	- hl - \
CEI	Z DAIL OI	OI ENA HOI	1 200. CON	DINOIN	OK WITH	IN OPERATION W	13 PERFUR	WED				21. AUIO	PSY? (Yes	or No)
AL	22A. FXTFRI		11110										No	
EDIC/	UNDERLYING UTING CA		TRIB-	1	228. PLACI	E OF INJURY (e.g., , foctory, street, olfice	in or obout bldg., etc.)	22C, WHERE INJURY OCC	DID (II	f in Bolttmore	City, give exo	ct location)		
Σ	22D. TIME (oy) (Yeor)	(Hour) 22E.IN.	JURY OCCURRED	III-	22F. HOW DI	ID INJ	URY OCCU	R?			
	OF INJURY (APPROX.)				m. WHILE	TON NOT	WHILE							
	23.				m. WORK	AI W	OKK L							
	i certi	ify that I he	eld an in	quiry [ins	pection X Au	OP BY	and that	on thi	is basis, o	leath in my	pinion		
	result	ed from: N	aturai caus	es 🕅	Accide			lamicide 🔲			ed manner	-		
		71	1 /	-)	30.61	ъ.	CHIEF MEDI		100		-		
	ACTUAL	()	1. 00 5) \	Q)	Dr F.	- AC	SISTANT MEDI			z		DATE SIGI	NED
	SIGNATU		Louz	7	· /-	W.D	•				_			
	EXAMINE NAME (T	ype)	- 14	s S.	1 1 1 1 2	ngate, M.D		OCIATE MEDI				ch 4,		
	MOVAL (Specif		4B. DATE		24C. NA	ME of CEMETERY	ar CREMAT	ORY	24D. L	OCATION	(City, town,	or county)	(Sto	19)
1	SUMAL		3-8-1	71	1	TT. Aubi	nu (Ball	to.		Th	1.
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. NA	AME OF R	EGISTRAR		FUNERAL DI	RECTO	R	AC.	DRESS		
	3	MAR 5	1971	1.0	.B E.		• 5	-	. (0.10		1000 B	rott	on A
VS	151.PEV 1/1/68		4	1.1	7			The same	4		-34 W	3 -0 13		

REG. NO	71	21	88
		-	

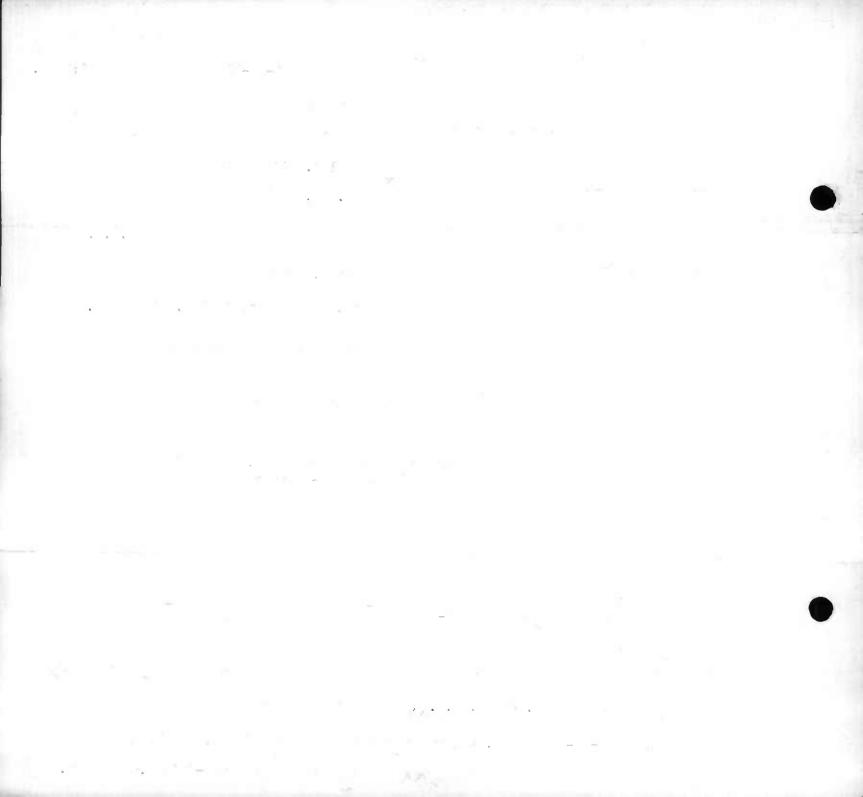
1. NAME OF DEC		R.			ND HOUR OF DE	EATH
	Mrs. Wilhe			3/2/7:		4:45 P
3. PLACE IN BAL	TIMORE, MARYLANO, W	HERE PRONO	UNCED OEAD	4. USUAL RESIDENCE (Who	ere deceosed lived NTY	L II institution: residence before admission
FULL NAME OF	UF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET		ity	601
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D.	. INSIDE CITY LIMITS?
C. 1	Jenkins Me	morial		Baltimore		YES K NO
91	1000 Caton	Avenue	9	E. STREET AND NUMBER		
/ /	Baltimore.	Maryla	and 21229	18 N. Ellwoo	d Ave	
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years	
Female	White	WIDOWED	DIVORCED	9-24-1888	lost bitthdoy)	Months Doys Hours Min.
OA. USUAL OCCL	JPATION (Give kind of work	10B KINDY OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or fore	eign country)	12. CITIZEN OF WHAT COUNT
Tailor	working life, even if refired) CSS	Rexiden	water Ind.	B Maryl	and	U.S.A.
3. FATHER'S NAM	ME	7.5-6,0-6-6	J Mas			0.5.2.
				14. MOTHER'S MAIDEN NA		
-	t Rothenbuech			Wilhelmin	a Buettne:	r
5. Was Docoosed Yes, no ar unknown)	Ever in U. S. Armed Ford	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Unknown			215-01-8728	Jenkins Memor	ial 1000	Caton Ave. Balto.Md.
18. 4 / 17	1.6		CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASES O	asthenia, etc. II means plicotion which caused ANTECEDENT CAUSES R CONDITIONS, if a bove couse (Al CONDITION last,	deoth.l	(B) DUE TO, OR AS	SCVD	LAR FIBI	6 YRS.
DISEASES O rise to the UNDERLYING	Plicotion which caused ANTECEDENT CAUSES R CONDITIONS, if a above couse (A) CONDITION last.	ony, giving stoling the	(B)	50.10	LAR FIB	
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DISEASES O ise to the UNDERLYING OTHER SIGNIFIE TO THE DEATH TO THE DEATH OTHER SIGNIFIE TO THER SIGNIFIE TO THE	Plicotion which caused ANTECEDENT CAUSES R CONDITIONS, if a above couse (A) CONDITION last.	ony, giving stolling the NTRIBUTING IE TERMINAL [A], DITION FOR V	(B) A DUE TO, OR AS (C) CHR	SCVD	o) 20B, IF YES, W	
DISEASES OF THE UNDERLYING OTHER SIGNIFIT TO THE DEATH T	Plicolion which caused ANTECEDENT CAUSES R CONDITIONS, if of above couse (A) of CONDITION last, I CONDITION LAST, CANT CONDITIONS CON H BUT NOT RELATED TO THE DONDITION GIVEN IN PART OPERATION 1798. CONE	ony, giving stolling the NTRIBUTING IETERMINAL 1 1 (A). DITION FOR VORMED	(B) DUE TO, OR AS (C) CHR WHICH OPERATION PLACE OF INJURY (e.g., In e., form, foctory, street, off	SCVD A CONSEQUENCE OF: ONIC AURICUL 20A. AUTOPSY? (Yos of No. of obout) 21C. WHERE OID	D) 20B, IF YES, W	RILLATION
DISEASES Onise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19A. OATE OF OR CONTRIBUT OEATH (nofify)	Plicotion which caused ANTECEDENT CAUSES R CONDITIONS, if of the course (A) CONDITION last, CANT CONDITIONS CON H BUT NOT RELATED TO THE OPERATION 1986 CONE WAS PERFE	ony, giving stoling the NTRIBUTING LE TERMINAL 1 1 (A). DITION FOR VORMED	(B) DUE TO, OR AS (C) CHR WHICH OPERATION PLACE OF INJURY (e.g., In e., form, foctory, street, off	SCVD A CONSEQUENCE OF: ONIC AURICUL 20A. AUTOPSY? (Yos of No. of obout) 21C. WHERE OID	D) 20B, IF YES, W IN CERTIFYING (If In Bol	RILLATION VERE FINOINGS CONSIDERED CAUSES OF DEATH?
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DISEASES OF STATE OF THE DEATH	Plicolion which caused ANTECEDENT CAUSES R CONDITIONS, il of above couse (Algorian Conditions) CANTECONDITION last. IL CANT CONDITIONS CONDITION GIVEN IN PART OPERATION 198, CONTENT IN PART OPERATION 198, CONTENT IN C	ony, giving stoling the NTRIBUTING IETERMINAL 1 (A) ORMED 21E. Whit Work of attended the dalive an	(B) DUE TO, OR AS (C) CHRO WHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, offi INJURY OCCURRED INJURY OCCURRED At Work The deceased from MARCH (We) (did) (did nat) vi	20A. AUTOPSY? (Yos or Note bldg., INJURY OCCUR? 21F. HOW OID INJ 21F. HOW of the way of the body after death.	o) 208, IF YES, WIN CERTIFYING (If In Bol URY OCCUR? 19 2 ta	/ERE FINOINGS CONSIDERED CAUSES OF DEATH? Itimoro City, give exact location) MARCH 2 19 2/
DISEASES OF STATE OF THE DEATH	Plicolion which caused ANTECEDENT CAUSES R CONDITIONS, il of above couse (Al of CONDITION last.	ony, giving stoling the NTRIBUTING IETERMINAL 1 (A) ORMED 21E. Whit Work of attended the dalive an	(B) DUE TO, OR AS (C) CHRO WHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, offi INJURY OCCURRED ile AI Not While At Work where deceased from the de	ONIC AURICUL 20A. AUTOPSY? (Yos or No or obout 21C. WHERE OID ice bidg., INJURY OCCUR? 21F. HOW OID INJ C. C. 7. 219 71 and th ew the bady after death.	OP 20B. IF YES, WIN CERTIFYING (If In Boliumy Occur?) 19 2 ta	/ERE FINOINGS CONSIDERED CAUSES OF DEATH? Itimoro City, give exact location) MARCH 2 19 2/
DISEASES OF STATE OF THE DEATH	Plicolion which caused ANTECEDENT CAUSES R CONDITIONS, il of above couse (Al of CONDITION last. IL CANT CONDITIONS CONTROL OF A CONDITION GIVEN IN PART OPERATION 198, CONTROL OF MEDICAL CAUSE OF Medical examiner) (Month) (Doy) (Year) that (1) (this beside) that (1) (this beside) that (1) (this beside) The Cause of the causes state RE RE RE RE RE RE RE RE RE R	ony, giving stoling the Stolin	(B) DUE TO, OR AS (C) CHR WHICH OPERATION PLACE OF INJURY (e.g., in e.g. form, fociory, street, offi INJURY OCCURRED INJURY OCCURRED At Work The deceased from the dece	ONIC AURICUL 20A. AUTOPSY? (Yos or No or obout 21C. WHERE OID ice bidg., INJURY OCCUR? 21F. HOW OID INJ 21F. HOW OID INJ CC7. 219 71 and th ew the bady after death. ding Med. Directar D 3D. ADDRESS 422 Med. An	OF 20B. IF YES, WIN CERTIFYING (If In Bolicary Occur? 19 27 ta	PARCH 2 19 7/ apinian death accurred an the da 23B. OATE SIGNED March 2, 187/ Ballinia, M. 2120
DISEASES OF CONTROL OF THE DEATH OF THE DEAT	Plicolion which caused ANTECEDENT CAUSES R CONDITIONS, il of above couse (Al oconditions) and the couse (Al oconditions) and the couse (Al oconditions) and the couse of the couse of the couse of the couse of the couse state (Al oconditions) and the couses (Al oconditions) and the couse (Al oconditions) are considered to the couse (Al oconditions) and the couse (Al oconditions) are considered to the couse (Al oconditions) and the couse (Al oconditions) are considered to the couse (Al oconditions) and the couse (Al oconditions) are considered to the couse (Al oconditions) are considered to the couse (Al oconditions) are considered to the couse (Al oconditions) and the couse (Al oconditions) are considered to the couse (Al oconditions) and the couse (Al oconditions) are considered to the couse (Al oconditions) are considered to the couse (Al	ony, giving stoling the NTRIBUTING IETERMINAL 1 (A) ORMED 21E. Whit Work of attended the dalive an	(B) DUE TO, OR AS (C) CHR WHICH OPERATION PLACE OF INJURY (e.g., in e.g., form, fociory, street, offi INJURY OCCURRED INJURY OCCURRED At Work The deceased from the deceased from the property of the deceased from the decea	ONIC AURICUL 20A. AUTOPSY? (Yos or No or obout 21C. WHERE OID ice bidg., INJURY OCCUR? 21F. HOW OID INJ 21F. HOW OID INJ CC7. 219 71 and th ew the bady after death. ding Med. Directar D 3D. ADDRESS 422 Med. An	o) 208, IF YES, WIN CERTIFYING (If In Bol URY OCCUR? 19 2 ta	/ERE FINOINGS CONSIDERED CAUSES OF DEATH? Itimoro City, give exact location) MARCH 2 19 2/
DISEASES Onise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR COLUMN OF A CONTRIBUTION OF A	Plicolion which caused ANTECEDENT CAUSES R CONDITIONS, il of above couse (Al of CONDITION last. IL CANT CONDITIONS CONTINUED TO THE CONTINUED CONTINUED CONTINUED CONTINUED CAUSE OF medicol examiner) (Month) (Doy) (Yeor) that (I) (this basel) (Antion, 24B. Oate pecify) AATION, 24B. Oate pecify)	ony, giving stoling the NTRIBUTING IE TERMINAL I 1 (A). DITION FOR VORMED 21E. White Work attended the delive on sed abave. (I)	(B) DUE TO, OR AS (C) CHRO WHICH OPERATION PLACE OF INJURY (e.g., in e., form, fociory, street, offi INJURY OCCURRED IN All Work The deceased from the	20A. AUTOPSY? (Yos or Notice bidg., INJURY OCCUR? 21F. HOW OID INJ 21F. HOW OID INJ CC7. 19 71 and the we the bady after death. ding Med. Director 3D. ADDRESS 422 Med. AM	OD 208. IF YES, WIN CERTIFYING (If In Bol) URY OCCUR? 19 27 ta	PARCH 2 19 7/ apinian death accurred an the da 23B. OATE SIGNED March 2, 197/ Ballinie, M. R. 2120
DISEASES OF SECTION OF CONTRIBUTION OF A CONTRIB	Plicolion which caused ANTECEDENT CAUSES R CONDITIONS, il of above couse (Al	ony, giving stoling the NTRIBUTING IE TERMINAL I 1 (A). DOTTON FOR VORMED 21B. homelc.) (Hour) 21E. Whi World attended the delive an accordance of the delive and accordance of the delive and accordance of the deliverance of th	(B) DUE TO, OR AS (C) CHRO WHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, offi INJURY OCCURRED INJURY OCCURRED At Work The deceased from MARCH (Wa) (Ha) (did not) vi DEGREE Phys. AND DEGREE AND DEGREE OLU Redeemer	20A. AUTOPSY? (Yos or Notice bidg., INJURY OCCUR? 21F. HOW OID INJ 21F. HOW OID INJ CC7. 19 71 and the we the bady after death. ding Med. Director 3D. ADDRESS 422 Med. AM	Shoff Phys. Cartion of Limone,	PARCH 2 19 2/ Papinian death accurred an the do 23B. OATE SIGNED March 2, 187/ Bollinia, Mal 2120 (City, lown, or county) (Stole)



/		T.		
0	7	5	2	
-		and .	Suggest	

71 2189 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	1 2189
BIRTH NC.	REG. 190	
1. NAME OF DECEASED (Type or Print)	2. DATE Known A Month Day	Year Hour
Anthony Cossentino	DEATH Estimoted 3 1	71 2:50 a _A
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET OR INSTITUTION	PRONOUNCED DEAD 3 1 5. USUAL RESIDENCE (Where deceased lived. If institution; res	71 2:50 a. _{M.}
Church Home Hospital	A STATE B. COUNTY	302
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY L	MITS?
male White WIDOWED DIVORCED	Balto. YES] NO []
P. DATE OF BIRTH 10. AGE (In yeors In June 1 17. II Under 24 Hrs. Months, Doys, Hours, Min. 85	913 Eastern Avenue	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15/ MOTHER'S MAIDEN NAME	حن
one during most of working life, even If retired)		
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDR	ree .
Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	ADDR.	155
119. — CAUSE OF DEAT	TH	APPROXIMATE INTERVAL
	Multiple industria	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Multiple injuries	
(This does not mean the made of dying, e.g.,	AUSE AS A CONSEQUENCE OF:	
heart failure, osthenlo, etc. It means the disease, Injury or complication which coused death.)		
DISEASES OF CONDITIONS IS ANY CIVING	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LÁST. (c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21.	AUTOPSY? (Yes or No)
		yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, form, fociory, sireet, office	In or obout 22C, WHERE DID (If in Boltimore City, give exact locable and a significant sig	otion)
UTING CAUSE OF DEATH. STREET	In front of 913 Eastern A	venue
22D. TIME (Monih) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) 2 28 71 9:15 WHILE AT NOT AT W	Pedestrian crossing stree	t when hit
I certify that I held on Inquiry I Inspection Aut	opsy XX and that on this basis, death in my opin	ion
resulted from: Notural couses Accident KX Suicid		
	CHIEF MEDICAL EXAMINER	
ACTUAL SUCCESSION OF THE SUCCE	ASSISTANT MEDICAL EVAMINED	DATE SIGNED
SIGNATURE M.D. EXAMINER'S Pottor Finlancia M.D.	ASSOCIATE MEDICAL EXAMINERY	3/1/71
NAME (Type)	ASSOCIATE MEDICAL EXAMINERX V	3/1//1
2(A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, lown, or	county) (Stote)
3/5/71 1/40- 607	Balt Mil	THE R. LEWIS CO.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRE	SS
MAR 5 1971 Paken E. Jacken De 11	TE KO MIL	111-0
'S 151-REV, 1/1/68	Marin Vellantoce 322	A Mugh

BIRTH NO.	71 219	30		TE OF DEATH	REG. NO.	71 2190
(Type or Print)	Linda		Horne		ID HOUR OF DEATH	0.00.7
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	5-71 re deceased lived, II ins	3:20 P. N
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland C.CITY OR TOWN		1506 DE CITY LIMITS?
38	DOA Univers	ity Hos	pital	Baltimore E. STREET AND NUMBER		YES 🔀 NO 🗌
5. SEX	6. RACE	7. MARDOLED	NEVER MARRIED	8. DATE OF BIRTH	n Street	
Female	Negro	WIDOWED			lost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCU done during most of to None 13. FATHER'S NAM	working life, even it refired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE ISIDE OF FORE Maryland 14. MOTHER'S MAIDEN NAM	gn countryl	12. CITIZEN OF WHAT COUNTRY
	Fadden			MOTHER'S MAIDEN NA	WE	
		cos?	16. SOCIAL	Eva M. Horne		
NO NO	Ever in U. S. Armed For- llf yes, give wor or dote	s of service)	SECURITY NO.		3 2003 N W	ADDRESS
18.	No		None CAUSE OF DEATH	Mrs. Eva Water	s, 1701 N. H	ilton St.
DISEASES Of ise to the UNDERLYING	R CONDITIONS, if above cause (A) CONDITION last, CONDITION last, CANT CONDITIONS CON A BUT NOT RELATED TO THE SHORT ON PART	Stating the	(c)Severe Mei	ed Pulmanary Abo A CONSEQUENCE OF: ntal Retardation Idiocy - Suspec	, Anaurotic	
19A. DATE OF	OPERATION 198 CONE	ORMED	VHICH OPERATION	Yes Yes	208, IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
. OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examined	21 B. hometc.)	PLACE OF INJURY le.g., in e, farm, foctory, street, off	or obout 21C. WHERE DID	(II in Boltimore	City, give exoct location)
DEATH Ineffy DEATH Ineffy DEATH Ineffy DEATH INEF DEATH	(Month) (Doy) (Year)		INJURY OCCURRED Not While At Work	21f. HOW DID INJU	JRY OCCUR?	
thot AK (we)	that (1) (this hospital) last saw the deceased	d altve on	2-15	19 <u>71</u> and tha	9 <u>68</u> to <u>2-</u> t in (may) (our) opinio	on death occurred on the date
23A. SIGNATUR	Lard R	Asug		ew the body after death.	Staff 2	3R DATE SIGNED Z May- 17/
23C. PHYSICIAN NAME (Ty	Richard	A. Jone		Rosewood State		
REMOVAL (Sp	ATION, 24B, DATE		ME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
Burial	2-20-71 BY HEALTH DEPT.	Mt.	Auburn Cemet	ery Balt	timore, Mary	
			Jaben N. B	Nutter Funer	al Home-3035	W.North Ave.
S 150-REV. 1/1/6						



VS 150-REV. 1/1/68

Pober & Jabon

a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT		74 04 04
BIRTH NO. 71-7-191	CERTIFICA	TE OF DEATH	REG. NO.	71 2131
1. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
Lhristian	reorge,	1/16	171 10%	
3. PLACE IN BALTIMORE MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE & COUN	TY	nstitution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	914 South	H ANOV	ek. St 2 30
INSTITUTION		C. CITY OR TOWN		YES NO
43 11 01	1	E. STREET AND NUMBER	£	
South Balto Den	Hosp	914 Sout	LHANO	ekst.
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn years lost birthday!	Months Doys Hours Min.
10A, USUAL O CCUPATION (Give kind of work 10B, Ki	OWED DIVORCED	9-16-20	50	Un CITYEN OF WHAT COUNTY
done during most of working life, even if settred)	O PROSINESS OF INDUSTRI	1-1:	iga counnyi	12 CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	forex	14 MOTHER'S MAIDEN NA	ME A	195
T CO T	1	MOTHER'S MAIDER NA	72	T.
15. Was Deceased Ever in U. S. Armed Farces?	116. SOCIAL	17. INFORMANT	Chro	ADDRESS
(Yes, no of unknown) (If yes, give wat of dates of se	orvicel SECURITY NO.		91111	//
118, // / / / / / /	CAUSE OF DEAT	Jamely	1140	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	2.11	1 1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	ANIMMEDIATE CAL	ise Hente ?	nyocarchi	al
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	OUETO OR AS	A CONSEQUENCE OF:	Infanila	477
Injury or complication which caused death.		0.0 . 0	0.	
ANTECEDENT CAUSES	(B)	MX. Until	sayin,	
DISEASES OR CONDITIONS, If any, sise to the above cause (A) stating	Status.	A CONSEQUENCE OF:	7	
UNDERLYING CONDITION last	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO THE TERM OISEASE OR CONDITION GIVEN IN PART 1 (A).	AINAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 1974. DATE OF OPERATION 1978. CONDITION WAS PERFORMED 1214. ACCIDENT WAS UNDERLYING 1	FOR WHICH OPERATION	20A-AUTOPSY? (Yes at N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218. PLACE OF INJURY (e.g., home, farm, factory, street, o etc.)	n or about 21 C. WHERE DID flice bidg.	(il in Baltimo	re City, give exect location)
21D-TIME IMonth) (Doy) (Year) (Hou		21F. HOW DID IN.	URY OCCUR?	
(APPROX)	While At No! While Work At Work	· 🗆		
22. I certify that (I) (this hospital) atten	nded the deceased fram		19ta	19
that (1) (we) last saw the deceased ally	e on	19and t	nat In (my) (aur) ap	Inlan death occurred an the dat
and hour and from the causes stated ab	ave. (1) (We) (dld) (did nat)	view the bady after death.		
23A. SIGNATURE Sweet D	M DEGREE Phy	ending Med. Director	Stoff Phys.	23R DATE SIGNED
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1.63	
24A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CR	EMATORY Y 240. 1	OCATION (C	litye town, or county) (State)
REMOVAL (Specify)	hot Calma	ul em) () ()	p. md
25A. DATE REC'D BY HEALTH DEPT. 258. N	IAME OF REGISTRAR	FINHERAL DIGCO	8 40	ADDRESS



13 and JAY VACabory Centry C. C. Co. March 186 2193

BIRTH NO.

1. NAME OF DECESSED DMAN,

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/68

Page E. Jabon M.D.

3. PLACE IN BALTIMORE, MARYLAND, WI

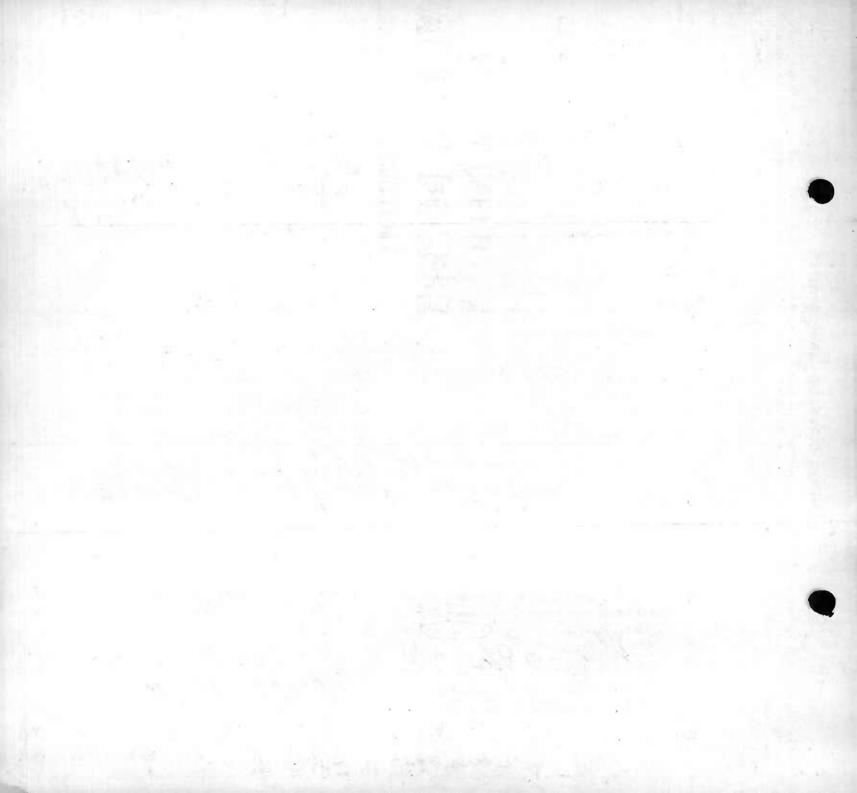
BALTIMORE CITY	HEALTH DEPARTMENT	r	m14 06	2
CERTIFICA	TE OF DEATH	H REG. NO	71 2193	3
JACOB	2. DATE	AND HOUR OF DEATH	om	м.
ERE PRONOUNCED DEAD L OR INSTITUTION, GIVE STREET	A. STATE B. CO	Where deceased lived, If i OUNTY	101	ore odmission)
Coup tot	E. STREET AND NUMBE	ine	YES NO	
	PB3/68	STATES 1	O N. Curley	
· MARRIED NEVER MARRIED WIDOWED DIVORCED	4/1/99	9. AGE (In/yeors	If Under 1 Yr. If Months Doys Ho	Under 24 Hrs. urs Min.
0B. KIND OF BUSINESS OR INDUSTRY	Polan	d	U.S.A.	AT COUNTRY?
	14. MOTHER'S MAIDEN	NAME		
of service) 16. SOCIAL SECURITY NO. 293 16 556	17. INFORMANT	clark	ADDRESS	
CAUSE OF DEAT	Н	,		SET AND DEATH

HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION, GIV ATION)		CITY OF TOWAR			001
NSTITUTION	211.	1/ 4		CITY OR TOWN		. INSIDE CITY	
06/08-	dankans	San Tal		Dallemis	ne)	YES Z	NO
Sept wins	140 1	7-17-17	E	STREET AND NUMBER	mercade une var		
	ν	'		-/200000	DOMESTAL X	ILO N.	Curley St.
SEX	6. RACE	7- MARRIED NEVER	MARRIED B.	DATE OF BIRTH	9. AGE (In/yeo	rs I If Und	ler 1 Yr. If Under 24
m	()		VORCED	4/1/99	lost bythedy)	Months	Doys Hours M
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IDATION/Circle biod of mail			1/ 1/ //		120.000	
	vorking life, even if retired)	108. KIND OF BUSINESS	OK INDUSTRE	BIKINPLACE (Stote or to	reign country)	12. CI	TIZEN OF WHAT COU
	nesser		×	(Pala	1	- (ISA.
FATHER'S NA	NE NE		14	MOTHER'S MAIDEN N	AMF		(, , , , ,
			3 - 1	0			
2				3			
Wos Deceosed	Ever in U. S. Armed For (If yes, give wor or dote	ces? 16. SOCIA	L 17	INFORMANT			ADDRESS
s, no of unknown)	Ill yes, give wor or dote	s of servicel SECUR	ITY NO.	M	. 0		
00		293	16 5563	Nosp	Karon		
18.44 D	7111	CAU	SE OF DEATH	V			APPROXIMATE INTERVIBETWEEN ONSET AND
DISEAS	E OR CONDITION DI	RECTLY			1	4	BETWEEN ONSET AND E
	LEADING TO DEATH			Condi 1			36
(This does n	of mean the mode of		MMEDIATE CAUSE	ONSEQUENCE OF;	Cally part	grander.	somme:
hearl foilure,	osthenio, etc. It meons	the diseose,		/ . /	1-010	5	
injury or com	plication which caused	deolh.)	C	anoliae de co-	pensalio.		
A	ANTECEDENT CAUSES	(0)	,		U .		
DISEASES O	R CONDITIONS, if	onv. giving (B)	UE TO, OR AS A	CONSEQUENCE OF:			
	obove couse (A)	7. 33					
UNDERLYING	CONDITION lost.	(c).		**********************			
	11			11			
	CANT CONDITIONS CO		4	1/2/	v		
I TO THE DEAT	H BUT NOT RELATED TO THE	HE TERMINAL	Kenal	Tarture, une	20/19		
19A DATE OF	OPERATION 198 CON	DITION FOR WHICH OPE	RATION A	20A. AUTOPSY? (Yes or	No. 20B. IF YES.	WERE FINDING	S CONSIDERED
1 2-22	WAS PERI		1 11 11	1/2		IG CAUSES OF	DEATH?
2 22	T WAS UNDERLYING	aliforated aux	and with.	1/0.			
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	home, form, for	tory, street, office	obout 21 C. WHERE DID	(If in B	soltimore City, gi	ve exact location)
	medical examiner	etc.)					
	(Month) (Doy) (Year)	(Hour) 21E INJURY O	CCURRED	21F. HOW DID II	LIURY OCCUR?		
OF INJURY		While At	Not While F				
(APPROX.)		Work	At Work				
22 1 contify	that (1) (this basnital) attended the decease	ad from	2-22	19 7/ ta	3-2	10 7
		2	7	1			
that (I) (we)	last saw the decease	d alive an		19 7/and	that in(my) (au	ır) apinian de	ath accurred an the
and haur and	from the causes stat	ed abave. (1) (We) (dia	(did nat) vie	w the bady after death	1.		
23A. SIGNATU	//	01				23 B, DA	ATE SIGNED
	Na 1100	2 8/2 0	Attendi	ng Med.	Staff 7		21
-	under you	e xlone !	DEGREE Phys.	□ Director □	Phys.	2	-//
23 C. PHYSICIA NAME (Ty		8	230	. ADDRESS	1 01	-4/	
TANTE (1)				(loto Hank)	in 8/	- //	
A BUBIAL COST	R RANDOL		M DEGREE	Labor words	1400	an of	
REMOVALOS		24C. NAME of CE	METERT OF CREM	NIORY VIZAD.	LOCATION	(City, town,	or county) (Sto
Rund	3/3/	11 1- 10 0.		1-70	1000	1-	M

250-FUNERAL DIRECTOR

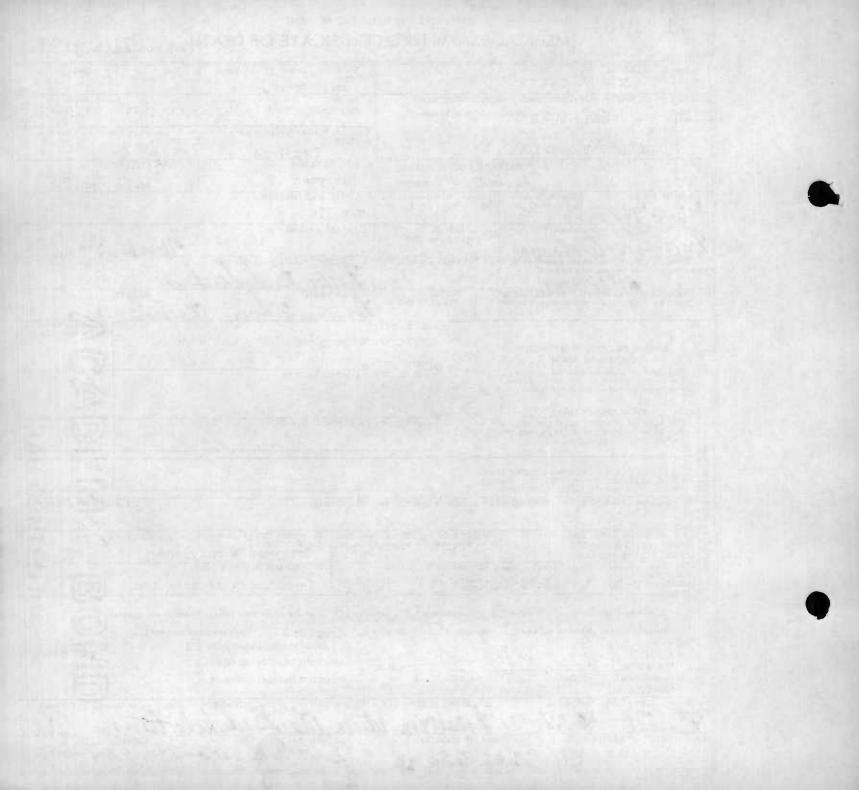
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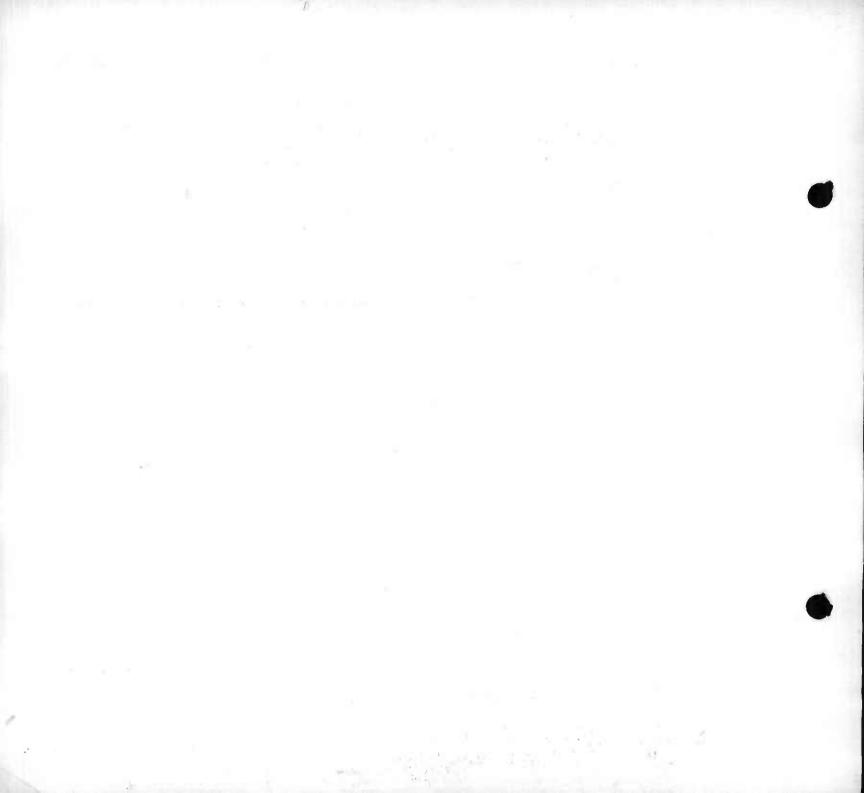
71	219

ВІ	RTH NO.	MEI MEI	DICAL E	EXAMINER'S	CERTIF	ICATE O	F DEAT	H REG. NO	71	2194
	NAME OF DEC				2. DATE	Known 🗌	Month	Doy	Yeor	Hour
(Type or Print) JOHNNY SANDERS				OF DEATH	Estimoted [M	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						OUNCED DEAD		y 20,19		3:00 P.
0	20	TEDETER HOED	TMAT		A. STATE	RESIDENCE (Wh	ere deceosed in	ed. If Institution: B. COUNTY	residence l	before odmission)
Á	SEX	VERSITY HOSP			C CITY (Marylan or town	d	D. INSIDE CIT		400
Male Negro widowed Divorced			Perryman YES NO							
9.	PLL 28	1938 10.AGE (lost birthd	ov35	Under I Yr. II Under 24 Hrs. onths: Doys: Hours: Min.	Box	AND NUMBER				
II.	Really &	itate or loreign country) Nalahar		CITIZEN OF WHAT COUNTRY?	13. FATHI	R'S NAME		Olm	bus	ww
14A dor	USUAL OCCU	PATION (Give kind of working life, even if retired)	14B. KIND O	F BUSINESS OR INDUSTRY	15. MOTH	IER'S MAIDEN N	AME	laca	TOTO	<i>VC 10</i>
		ED EVER IN U.S. ARME		17. SOCIAL SECURITY NO.	IB. JNFO	RMANT	C Dall	AD	DRESS	2
_	110				Koku	com J. A	mei	Deller	no lie	di i
	DISEAS	I E OR CONDITION DIR	ECTLY	Shotgur		ds of che	st and a	bdomen		PPROXIMATE INTERVAL VEEN ONSET AND DEAT
	LEADING TO DEATH (A)IMMEDIATE CAUSE									
	(This does not mean the made of dying, e.g., heart foilure, osthenio, etc. It means the disease, Injury or complication which coused death.)									
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
8	OT TO ENCIN	TO CONDINOT EASI.		(c)						
ERTIFICATION	TO THE DEA	II IFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN 1	THE TERMINA							
L CERTI	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA					MED			21. AUTO	PSY? (Yes or No) yes
EDICA								t location)	00	
2	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? Shot during altercation									
	(APPROX.) 2-20-71 11:25 A.m. WHILE AT WORK Shot during altercation									
	Certify that held an Inquiry Inspection Autopsy Ond that an this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide Undetermined manner									
	CHIEF MEDICAL EXAMINER									
	SIGNATE	JRE Led	MICa	M.D	AS	SISTANT MEDICA	L EXAMINER	$\overline{\mathbf{x}}$		DATE SIGNED
	EXAMINI NAME (T	er's Ronald	N. Kori	nblum,M.D.	-	OCIATE MEDICA			2/21	_/71
RE	A. BURIAL CREAMOVAL (Special Colored C		-7/	LAC NAME OF CEMETERY LACAL CEMP. (A LE OF REGISTRAR	Utinose	FUNERAL DIRECT	allyn	lo. at	or county) MESS	(Stote)
		AR 5 1971	PoBer B- E	2. Faber KA		sych K. 1	wes s	2227	Ben	thank,
VS	151-REV. 1/1/68	NEG	4 1		2	1 9 3			7 7	

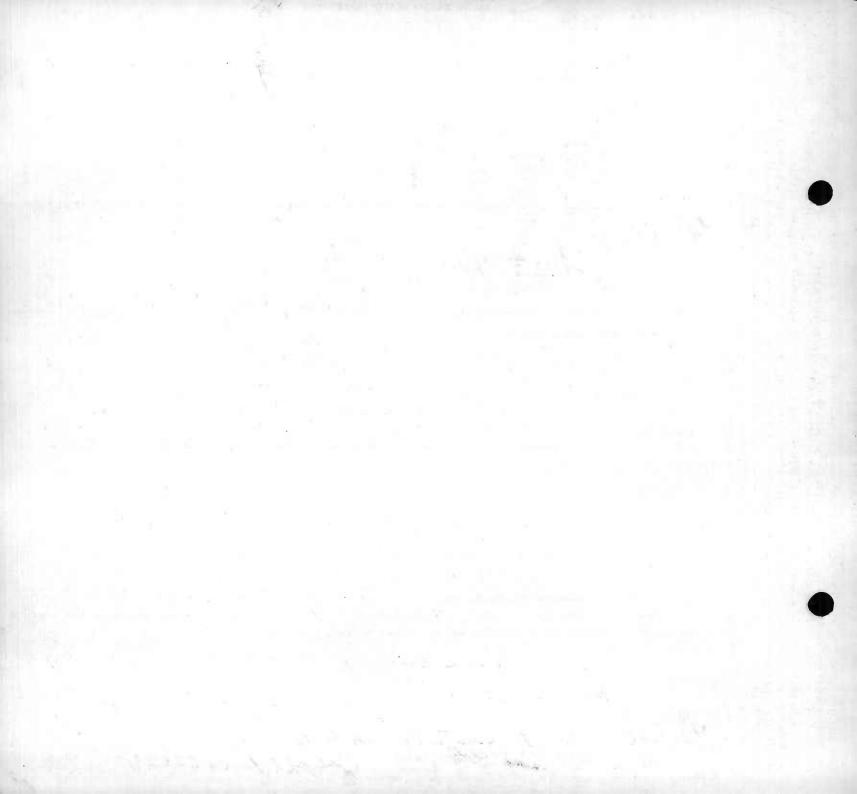


VS 150-REV. 1/1/68

71	2195			HEALTH DEPARTMENT	REG. NO	71 0405				
BIRTH NO.	Proper sulling		CERTIFICA	TE OF DEATH	REG. NO					
	skins, Leand			2/24	• •	11:40 P.				
3. PLACE IN BALT	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 8. COUNTY					
FULL NAME OF HOSPITAL OR					Maryland /602					
29	Provident Hospital Complex 2600 Liberty Heights Ave. Baltimore, Maryland 21215			Baltimore D. INSIDE CITY LIMITS?						
2/				E. STREET AND NUMBER		152 140				
	Baltimore,	Maryla	nd Z1Z15	1402 W. Frank	klin Street					
Male	Black	WIDOWED		8. DATE OF BIRTH 9//13/88	9. AGE (In years lost birthdoy) 62	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.				
10A. USUAL OCCU done during most of w NONE	orking life, even il refired)	108, KIND O	F BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stole or I	oreign countryl	12. CITIZEN OF WHAT COUNTRY				
13. FATHER'S NAM	DOR	<u> </u>	// "	14. MOTHER'S MAIDEN N		U. S. A.				
	James	of.	Gaskins	Lovey &	Cohmos					
15. Was Doceased (Yes, no or unknown)	ver is U. S. Armed Far.	es? s ol service)	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
			219-18-7609	Mrs. Elizabet	h Gaskins-W	ife Same				
CITIES DE SEASE OR CO OTHER SIGNIFIC TO THE DEATH DISEASE OR CO OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 21A. A CCIDENT OR CONTRIBUT DEATH (notify in	OR CONDITION DIE EADING TO DEATH I mean the mode of sthenia, etc. It means lication which caused NTECEDENT CAUSES CONDITIONS, if a above cause (A) CONDITION last. II CANT CONDITIONS CON BUT NOT RELATED TO THE NOTITION GIVEN IN PART OPERATION 198. CONI WAS PERF WAS UNDERLYING IN CONE ING CAUSE OF Tedicol examined	dying, e.g., the disease, death.) any, giving stating the NTRIBUTING IE TERMINAL 1 [A]. DITION FOR YOUR ORMED	(B) AOAA (C) DUE-TO, OR AS (C) AOA (C) WHICH OPERATION	Biventric		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Concey Concey FINDINGS CONSIDERED AUSES OF DEATH? Gre City, give exact location)				
OF INJURY (APPROX.)	While At Not While Work At Work									
22. I certify the	hat (1) (this hospital)	attended t	he deceased from 2/2	37 / L	_19to	4//1				
	22. I certify that (1) (this hospital) attended the deceased from 2/23/71 19 to 2/24/71 19 that (1) (we) last saw the deceased alive on 2/24/71 19 and that in(my) (our) opinion death occurred on the date									
and have and	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.									
23A. SIGNATUR	1	with	M D Atter	nding Med.	Staff Phys. 💢	FEB. 25, 1971				
NAME ITYP	SAL	1	7 H. M.D. 2	3D. ADDRESS		Reltimore Md				
24A. BURIAL CREM. REMOVAL (Sp.	ATION, 248. DATE	1 Mi	AME OF CEMETERY OF CRE	1 -		ity, town, or county) (Stote)				
25A. DATE REC'D B	5 1971 P	Ben E	THE STRANGE OF	25G FUNERAL DIRECTO	Kune 220	22 M. March ave				



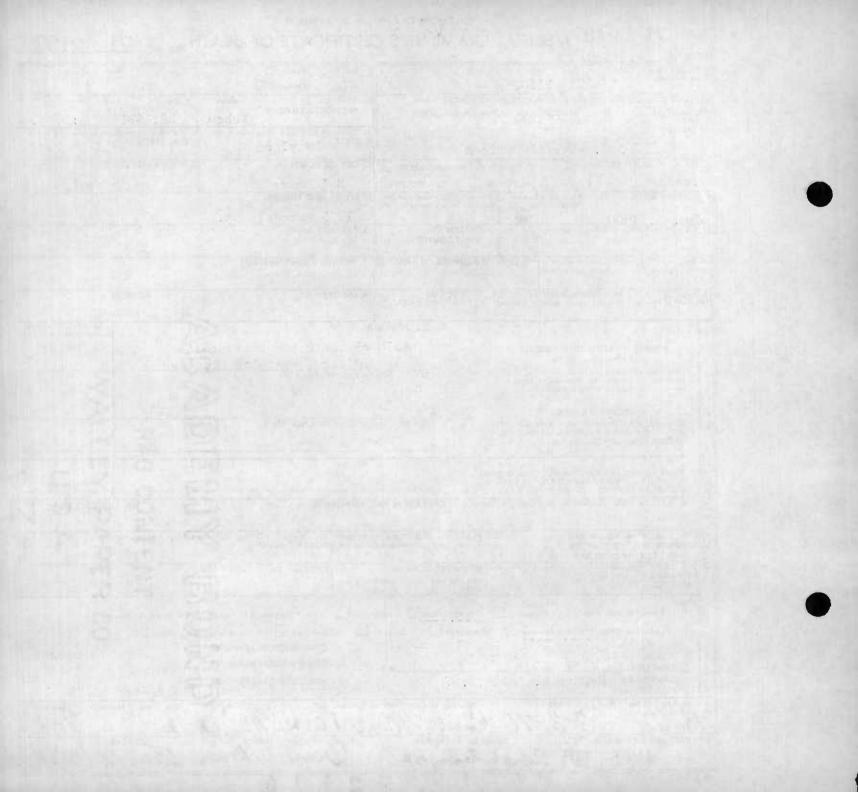
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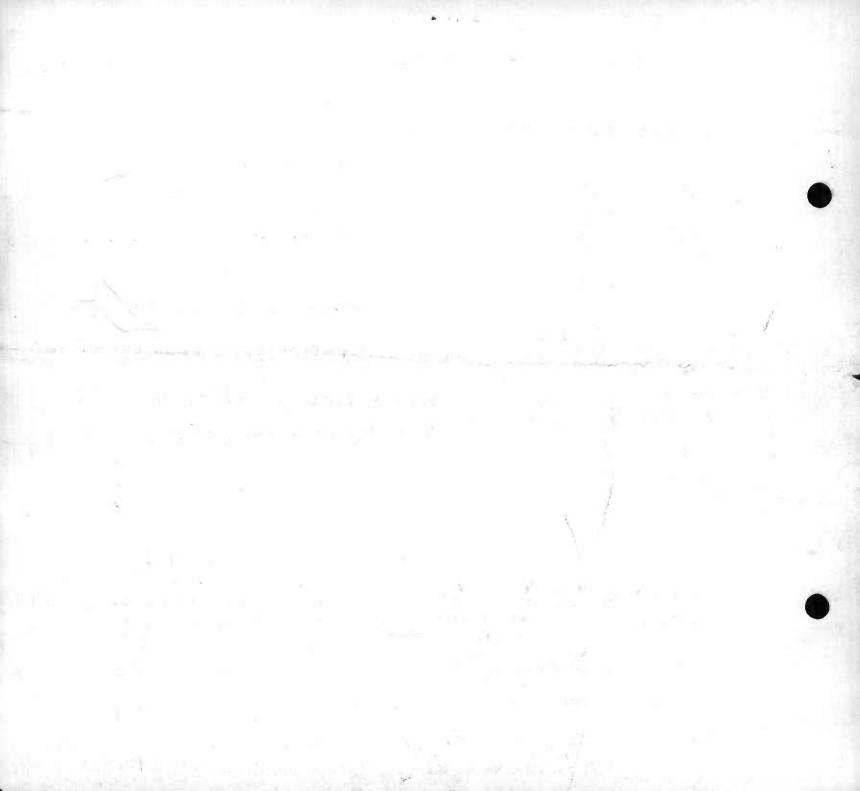


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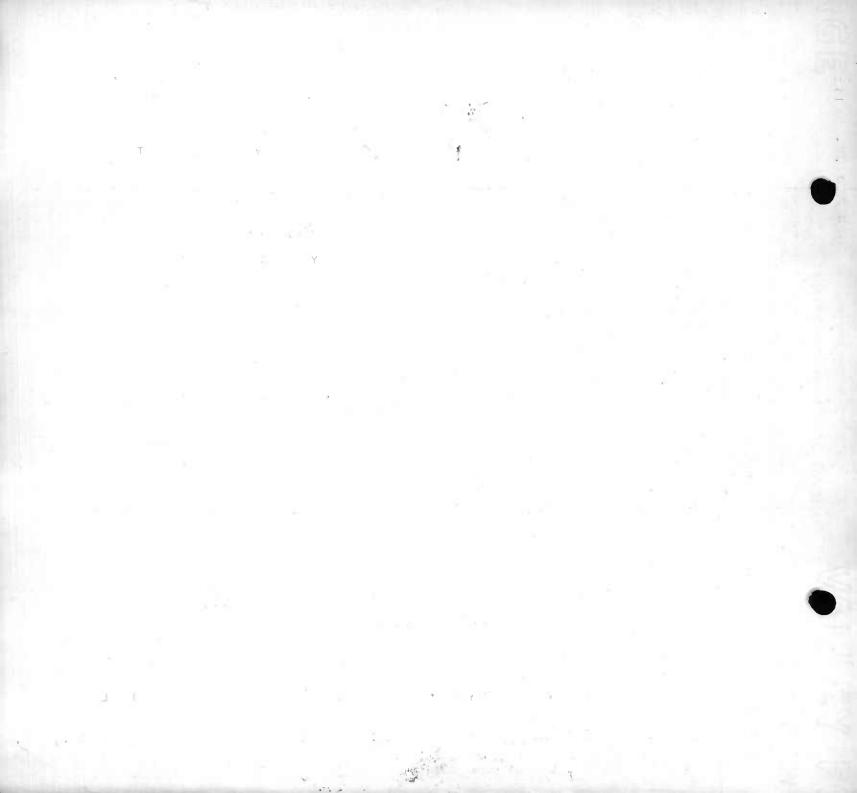
0.5	BALTIMORE CITT HEALTH DEPARTMENT	
24 47	EVALUATION CERTIFICATE OF DEAT	

71 2197 MEDICAL EXAMINER	L'S CERTIFICATE OF DEATH REG. NO. 71 2197
I. NAME OF DECEASED (Type or Print) LILLIE FAISON	2. DATE Known Manih Day Yeor Hnur OF DEATH Estimated MA
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Day Year Haur February 28,1971 1:50 A. M.
1705 N. Rosedale Street	S. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIE	
Female Negro WIDOWED DIVORCE P. DATE OF BIRTH 10.AGE (In years H Under 1 Yr. H Under 2	166
Jan 1 1900 last birthdoy) Manths Days Hours	1705 Rosedale St.
11. BIRTHPLACE(Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INCone during mast of warking life, even if relired)	DUSTRY 15. MOTHER'S MAIDEN NAME
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na or unknown) (If yes, give wor or dales of service) 17. SOCIAL SECURITY No	O. IB. INFORMANT ADDRESS
(A) IMMED (This does not mean the made of dying, e.g., heart lailure, osthenia, eic. I means the disease, injury or complication which caused death.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PRIOS CLETOTIC AND DEATH P
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION	no
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCU OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection Tessulted from: Natural causes X Accident	Autapsy and that an this basis, death in my opinion Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D. NAME (Type)	M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner 2/28/71
24A. BURIAL CREMATION, 24B. DATE 240: NAME OF CEME REMOVAL (Specify) 3-3-7/ WRITE 25B. NAME OF REGISTRAR	Menv. Park Murkers 250, FUNERAL DIRECTOR ADDRESS ADDRESS
MAR 5 1971 Paber E. Farber M.D. 151-REV. 1/1/68	Jusiph R. Keiss 2222 M. nanhly
3 131-Ket. 1/1/00	





BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived. If institution: te D. INSIDE CITY LIMITS? NO YES E. STREET AND NUMBER 9501 PERRY BROOK COURT If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 1.0 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacation) ond that in any (our) opinian death occurred on the date 23 B. DATE SIGNED HOSPITOL was D.O.A deceased written ap shows: 601 N Broadway Balto. VS 150-REV. 1/1/6B



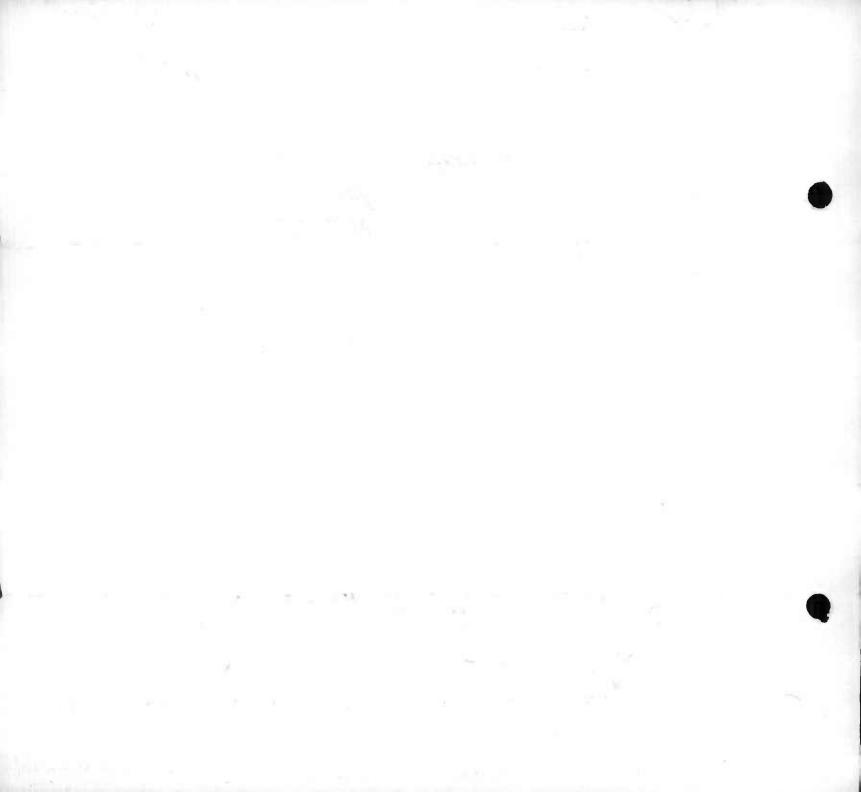
the bady was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in IMPORTANT FUNERAL DIRECTOR:

a hospital and

1.			BALTIMORE CITY	HEALTH DEPARTMENT		11 2200
BIRTH NO.	00 71	2200	CERTIFICA	TE OF DEATH		
Type or Print)	Christ.	ine Ge	re	1	march 197	11 1 2:45 P M
FULL NAME HOSPITAL OR		TAL OR INSTITU	DON, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INS	DE CITY LIMITS?
JOH. 33	NS HOPA	rins	HOSPITA	E STREET AND NUMBER		YES NO
SEX	6. RACE	7- 44 4 9 9 1 TD	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ys., If Under 24 Hrs.
FEMAI		WIDOWED [DIVORCED	8-18-49	last birthdoyl 21	Months Days Hours Min.
3. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
An	SEL GERE			CLARA	PORTER	
5. Wee Decod Yes, no or unknown	eed Ever in U. S. Armed Fo own) (If yes, give war or dat	rices? les of service)	SECURITY NO.	17. INFORMANT		ADDRESS
DISEASES tise to UNDERLY OTHER SIG	LEADING TO DEATH s not mean the mode of re, asthenia, etc. it means complication which cause ANTECEDENT CAUSE OR CONDITIONS, if the above cause (A) ING CONDITION last, II ENIFICANT CONDITION S CO	f dying, e.g., s the disease, d death.) S eny, giving stating the DNTRIBUTING THE TERMINAL	(B) Staph. (C) Cangento		reus sepsis	+ preumonia atria
	OF OPERATION 1984 CON WAS PE	NOTION FOR V	VHICH OPERATION	20A. AUTOPSYT IYes of	No. 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
_ OR CONT	DENT WAS UNDERLYING RIBUTING CAUSE OF offy medical examined	21 B. hometc.)		n or about 21 C. WHERE DIE ffice bldg. INJURY OCCUR	(If in Baltimo	re City, give exact location)
21D. TIME OF INJURY (APPROX)	(Month) (Doy) (Year	1000	INJURY OCCURRED Not While At Work	l• 🗖	INJURY OCCUR	
that (1) (rify that (I) (this hospitality that (I) (this hospitality)	ed alive an_	1 March		that in(my) (aur) op	arch 19 //
23A. SIGN.				ending Med.	Stoff Phys.	238. DATE SIGNED /March/97/
PHYSI NAM	Gary M	Kamme	- MO DEGREE	601 N. Br	oadway	Baltimore, Hd.
24A. BURIAL (CREMATION, 248, DATE	24C, NA	ME of CEMETERY OF CR			ily, town, or county! (State)
	3/2/7	1 JOH	INS HOPKINS	UNIV. A	NATOMY B	ALTO., MD.
25A. DATE RE		25B. HAME C	REGISTRAR	25C. FUNERAL DIRECT	TOR IMS MED Se	HOUL, BALTO, Md
VS 150-REV. 1	/1/68					



BALTIMORE CIT	Y HEALTH DEPARTMENT
DIRITINO.	ATE OF DEATH REG. NO. 1 2201
T. NAME OF DECEASED (Type or Pant)	2. DATE AND HOUR OF DEATH
GIIIIAM MIR. VOSEPH D.	MARCH 5.11 5.11 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived of institution; tesidence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN . D. INSIDE CITY LIMITS?
24	BALTIMORE YES P NOT
	E. STREET AND NUMBER
BON SECOURS HOSPITAL	222 N. MONROE ST
5. SEX 6. RACE 7. MARRIED V NEVER MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lit Under 1 Yr. Il Under 24 His. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even If retired)	1 WINDSOIP
BALTIMORE CITY HOSPITAL	NORTH CAROLINA U.S.
. / // . /	14. MOTHER'S MAIDEN NAME
HENSON HILL	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give wor or dotes of service] 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO 230-14-1414	HOSPITAL CHART
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	ash ve CUIT 2 days
This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
injury or complication which caused death.)	Λ.
ANTECEDENT CAUSES	pestent in years
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) staling the UNDERLYING CONDITION tast. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL SELECTION OF THE DEATH SELECTION OF THE TERMINAL SELECT	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO 121B. PLACE OF INJURY (A.C.).	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING TICALIST OF	in or about 21 C. WHERE DID (It in Boltimore City, give exact location)
DEATH (notify medical examiner)	ince pidg. INJUKT OCCUR
DEATH (notify medicol exomined) DEATH (notify medicol exomined) 21D-TIME (Month) (Doy) (Year) (Haud) 21E, (NJURY OCCURRED) While At The Manual Course of the Course of	21F. HOW DID (NJURY OCCUR?
TOIR — AT WORK	
22. I cer(Ify that (I) (this haspital) attended the deceased fram	March 4 19 1/ 10 March 5 19 2/
that (1) we last saw the deceased alive an March - 5	19.2/ and that in(my) (our) apinion death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did not) v	
23A. SIGNATURE	23B, DATE SIGNED
The state of the s	anding Med. Staff March-5 1901
23C.PHYSICIAN'S	23D. ADDRESS
NAME (Type) YOUNG JAI LEE	= 1
DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C.NAME OF CEMETERY OF CRE	
REMOVAL (Specily)	
14011111	
MAR 8 STO CABLE E SABER OF REGISTRAR	25C. FUNERAL DIRECTOR 3112 Revolution Rol
VS 150-REV. 1/1/68	



1),		BALTIMORE (CITY HEALTH DEPARTA	MENT	71 2202		
K-45C	71 8	202 CERTIFIC	CATE OF DEA	TH REG. NO.	RAUR		
NAME OF DEC	CEASED	(M9) 10		DATE AND HOUR OF DEA	тн		
ype or Print)	incent Keela			2/27 /71	7:38		
		VHERE PRONOUNCED DEAD	4. USUAL RESIDEN	ICE IWhere deceased lived. I	Il institution: residence before admission)		
IIII NAME OF	ME NOT IN HORM	TAL OR INSTITUTION CIVE STREET	Md.	6, COOKII	7711		
ULL NAME OF	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN	D. I	NSIDE CITY LIMITS?		
27			Balto.		YES NO X		
)/	Mercy Hos	oita, INC.	E. STREET AND NO				
			Lovol	a College			
SEX	6. RACE	7- MARRIED NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
M	W	WIDOWED DIVORCED	/- /	80	Monins Days Hours Min.		
USUAL OCC	UPATION (Give kind of wor	TOR KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTRY?		
e during most of	working life, even if retired)	TETY OF JESUS	Maryl	and	U.S.A		
FATHER'S NA		TETY OF JESUS	14. MOTHER'S MAI		U.U.A		
		**					
	s A. Keelan	13.		erine Leonard			
Was Deceased s, no of unknown	Ever in U.S. Armed Fe	es of service) SECURITY NO.	17. INFORMANT		ADDRESS		
No		215-54-286	66 REV. JAS	s. Mc ANDRE	WS 4501 N. CHAELI		
18. 44	12346	CAUSE OF D			APPROXIMATE INTERVAL A		
DISEA	SE OR CONDITION D	RECTLY	f	+ 1	/		
	LEADING TO DEATH	dulas (A) IMMEDIATE	CAUSE Wings	shoul hered	1 factions		
(This does the	not mean the mode of	China care Diff ICI Of	AS A CONSEQUENCE OF		U		
	or failure, asthenia, etc. It means the disease, by or camplication which caused death.						
	ANTECEDENT CAUSES	s de la			eserge.		
DISEASES C	OR CONDITIONS, if	any, giving (8) DUE 10, O	R AS A CONSEQUENCE O	Prilet few			
	e above cause (A) G CONDITION last	stating the	areline of	Kef flow	. 1		
UNDERLIN	G COMPITON IGEL	(c)					
OTHER SIGNI	II FICANT CONDITIONS CO	NATE OF THE PARTY					
TO THE DEAT	TH BUT NOT RELATED TO	THE TERMINAL					
19A. DATE OF	ONDITION GIVEN IN PA	RT 1 (A). NOTION FOR WHICH OPERATION UFORMED	20A. AUTOPSY?	Yes or No. 208, IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
1 No	WAS PE	COMED	nes	IN CERTIFYING	CAUSES OF DEATH?		
21A. ACCIDE	NT WAS UNDERLYING	218 PLACE OF INJURY	e.g., in or about 21 C. WHER	1122	imore City, give exoct location)		
DEATH (notify	UTING EL CAUSE OF	home, form, foctory, street	of office bidge INSURY O	CCUR	' J		
21 D. TIME	Month) (Doy) (Year)	Hour 21E INJURY OCCURRED	21 f. HOW	DID INJURY OCCUR?	pung dane		
OF INJURY	arrionnii toopi treda	While At Not	While \ / /	M COOK	V		
IAPPROXI		Work At V	Vork X Ple	R			
22. 1 certify	that 11) (this hospita	il) attended the deceased from,	fel To	19 7 / to/	CB 26,71 19		
thot (1) (we)) last sow the deceas	ed olive on Feb 27 19	17/ 19 7/	and that in (my) (our)	opinion death occurred on the date		
ond hour on	d from the causes sta	sted above (1) (the) (did) (did no	oth-view the body after	r death.			
23A. SIGNATI		- 0			23B, DATE SIGNED		
17/2	1 Dane	m.D	Attending Med. Phys. Direct	for Staff Phys.	Feb 28 71		
23C.PHYSICIA	ANS	DEGREE	Phys. L. Direct	or Phys. 54	1/02 20 /		
NAME I	Typel B		WA A	1/2-1/	/		
He	E. Wondy		GREE Plero	140 bigs			
A. BURIAL CRI REMOVAL	EMATION, 248. DATE	24C. NAME of CEMETERY of	CREMATORT	24D. LOCATION	(City, town, ar county) (State)		
BURT	- 1 - 1	71 WOODSTOCK	CEMETERY	WOODSTOC	rk. Mn.		
A. DATE REC'E	SY HEALTH DEPT.	25R NAME OF REGISTRAR	25C. FUNERAL D	DIRECTOR	ADDRESS		
MAR 8	3/1 Obbert	E YELDER KAIN N	MITCHE	LL-WIEDEFEL	D HOME 6500 YOR		
150-REV. 1/1/	68	0.7 64		/ - 			

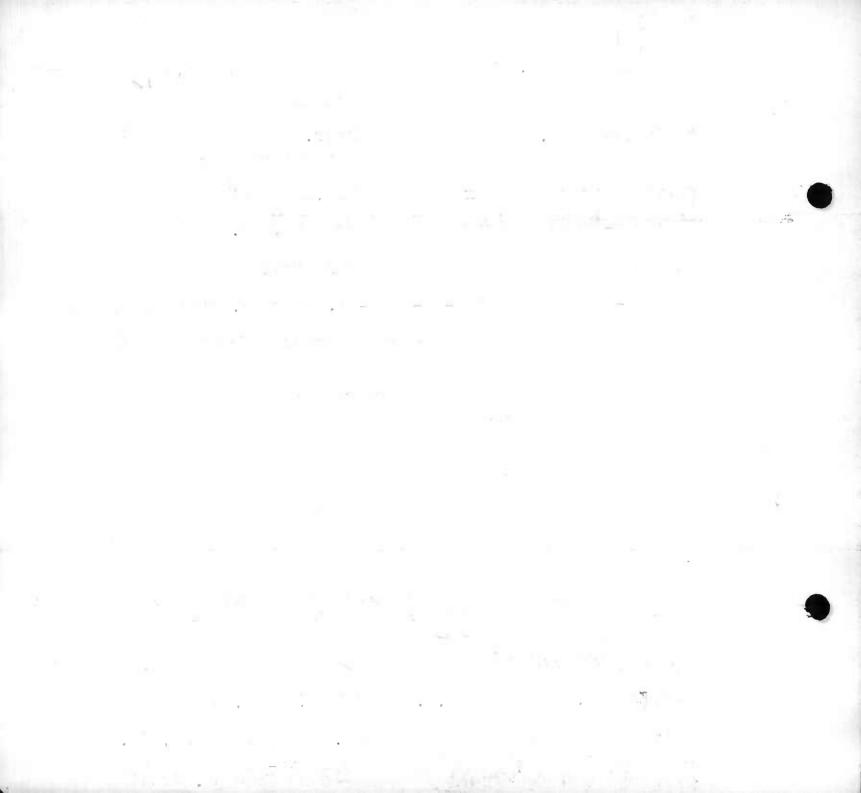
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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 171/68

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USA

ADDRESS

(Same)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Maryland

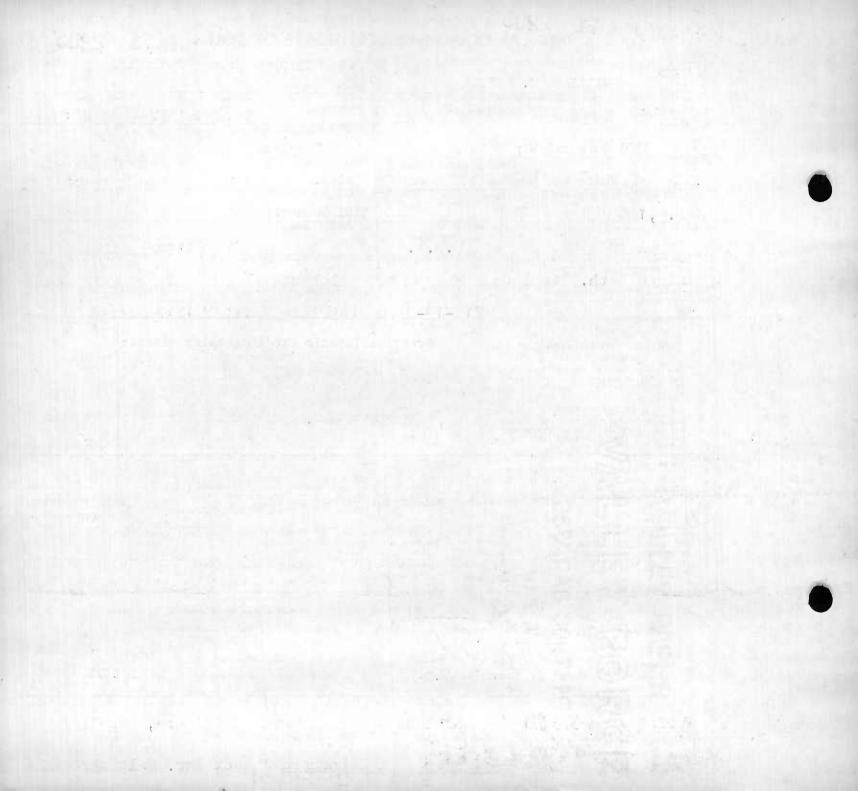
ADDRESS

Reltimore.

If Under 24 Hrs.



DATE OF Estimoted DEATH DATE PRONOUNCED DEAD USUAL RESIDENCE (Where STATE Maryland CITY OR TOWN Balto. STREET AND NUMBER 1101 Quantril DEATH PATHER'S NAME S. MOTHER'S MAIDEN NA Florence DEATH PATRICIA MEDITORIANI PATRICIA MEDITORIA MEDITORI	Way ME Rites	D. INSIDE C Y Rites	TES I	34 No 🗷
DATE PRONOUNCED DEAD USUAL RESIDENCE (Where STATE Maryland CITY OR TOWN Balto. STREET AND NUMBER 1101 Quantril 18 FATHER'S NAME MOTHER'S MAIDEN NA Florence D. INFORMANT Patricia M Clerotic cardial SEE A CONSEQUENCE OF:	March e deceased liv Way ME	3,1971 ved. H institution B. COUNTY D. INSIDE C Y Rites	TES DIAP	Haur 10:25 A Defore admission) 3 4 NO 🔀
Maryland Colty or town Balto. STREET AND NUMBER 1101 Quantril FATHER'S NAME MOTHER'S MAIDEN NA Florence INFORMANT Patricia M Clerotic cardials A CONSEQUENCE OF:	Way ME Rites	D. INSIDE C Y Rites	TES I	oefore admission) 3 4 No 🗵
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Maryland CITY OR TOWN Balto. STREET AND NUMBER 1101 Quantril FATHER'S NAME MOTHER'S MAIDEN NA Florence D. INFORMANT Patricia M Clerotic cardials A CONSEQUENCE OF:	Way ME Rites	Rites	DDRESS Bonsa	1 St #2
Balto. STREET AND NUMBER 1101 Quantril FATHER'S NAME MOTHER'S MAIDEN NA Florence INFORMANT Patricia M Clerotic cardials A CONSEQUENCE OF:	ME	Rites	DDRESS Bonsa	1 St #2
STREET AND NUMBER 1101 Quantril FATHER'S NAME MOTHER'S MAIDEN NA Florence DINFORMANT Patricia M Clerotic cardia USE A CONSEQUENCE OF:	ME	Rites	Address Bonsa	1 St #2
1101 Quantril 10. FATHER'S NAME Patricia M Clerotic cardio	ME	Rites	Address Bonsa	1 St #2
FATHER'S NAME Porence Informant Patricia M clerotic cardi	ME	? • 1317	Bonsa Berw	PROXIMATE INTERVA
FATHER'S NAME Porence Informant Patricia M clerotic cardi	ME	? • 1317	Bonsa Berw	PROXIMATE INTERVA
Florence Patricia M Clerotic cardio	Rites	? • 1317	Bonsa Berw	PROXIMATE INTERVA
Florence Patricia M Clerotic cardio	Rites	? • 1317	Bonsa Berw	PROXIMATE INTERVA
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Patricia M clerotic cardi		1317	Bonsa Berw	PROXIMATE INTERVA
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A CONSEQUENCE OF:				
A CONSEQUENCE OF:				
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TERT ORMED			1	no
and and WHERE DID	/II := 0-1x:	City -lus au	ant levelle al	
Idg., etc.) INJURY OCCUR?	(ii in palitimot	re City, give ex	aci iacanon)	
225 110111717	IIIIN OCCI	LIDO		
	NJURY OCCI	UK?		
K				
		1 -1 -		
Homicide H	Undetermi	ned manner		
CHIEF MEDICAL	EXAMINER			DATE SIGNED
ASSISTANT MEDICAL	EXAMINER	X		
ASSOCIATE MEDICAL	EXAMINER		3/3/7	71
CREMATORY 24D.	LOCATION	(City, tow	vn, or county) (State)
morial Park	Balt	imore.	Marv	land
	dg., etc.) INJURY OCCUR? 22F. HOW DID IN By Ond that on CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL CREMATORY 24D CMORTIAL PARK	or about 22C. WHERE DID (If in Boltimo dg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCC 11LE	or about 22C. WHERE DID (If in Baltimore City, give exide,, etc.) INJURY OCCUR?	or abaut 22C. WHERE DID (If in Baltimore City, give exact lacation) dg., etc.) INJURY OCCUR?



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

NO |

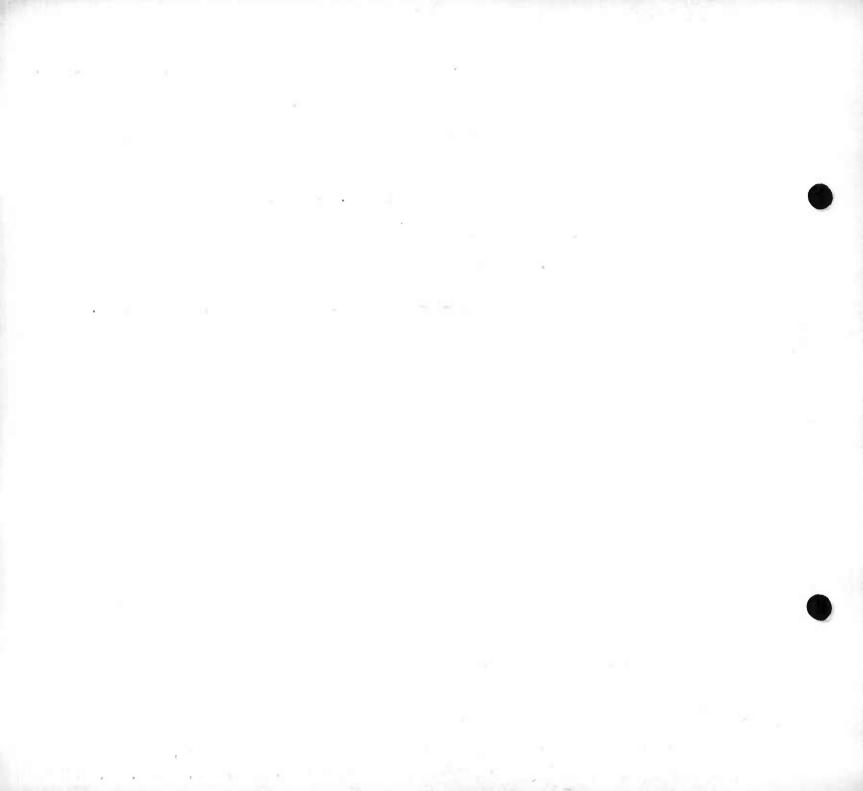
USA

ADDRESS

Leonard J. Ruck, Inc. Balto. Md. 21214

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

If Under 24 Hrs. Hours i Min. Hours



BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

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VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission A. STATE

B. COUNTY D. INSIDE CITY LIMITS? YES -NO K II Under 1 Yr. Months: Doys , If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A CATON & WILKEN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location)

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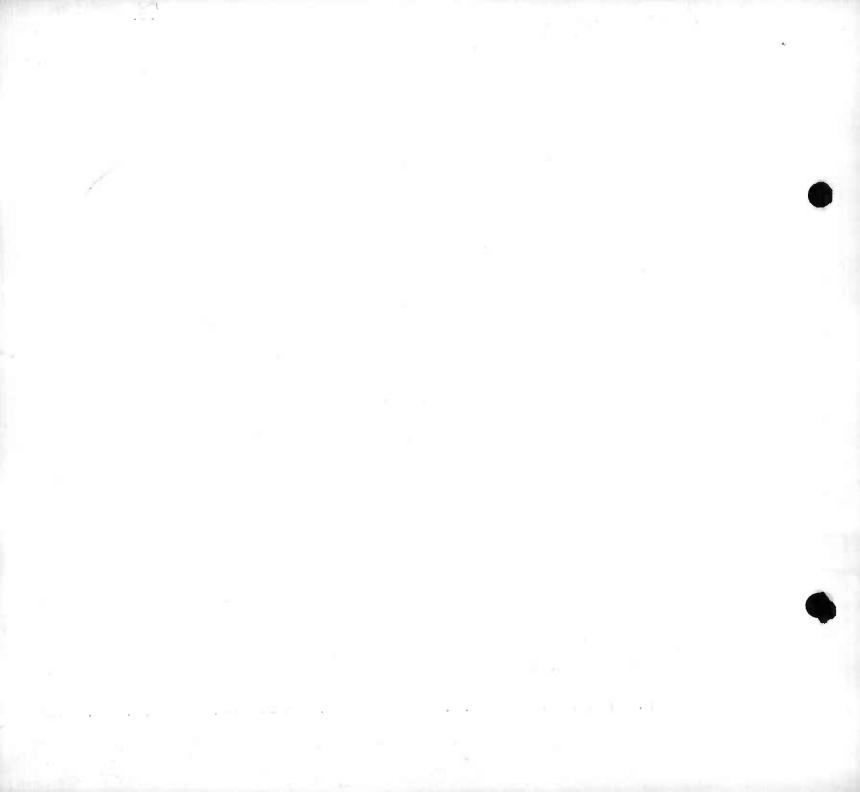
S-5/2 71 2210 BALTIMORE CITY HE MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH 71 2210
BIRTH NO.	LERTIFICATE OF DEATH REG. NO.
I. NAME OF DECEASED	2. DATE Known X Month Day Year Hour
(Type or Print) STEVEN L SIMPSON	OF 5.1.17 2 20 71 12.05 -
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
St. Agnes Hospital	A. STATE B. COUNTY
6. SEX 17. RACE 18. MARRIED TO STUDY MARRIED TO	Md. Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARKIED INEVER MARRIED A	
male White WiDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. 11 Under 24 Hrs.	Balto. YES NO 4
lost birthdoy) Months Doys Hours Min.	E. STREET AND NUMBER
9-10-1954 16	4507 Linden Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAT COUNTRY?	Bruce C. Simpson
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working lile, even il retired)	15. MOTHER'S MAIDEN NAME
Student	Regener XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT Regina I. Mille
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 214-54-0879	
19. CAUSE OF DEAT	Mr. Bruce Simpson, Sr. 4507 Linden Ave. 212
CAOSE OF DEA	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY Crani	iocerebral injuries
LEADING TO DEATH (This does not meen the mode of dylng, e.g., (A) IMMEDIATE C	
heort follure, osthenia, etc. It meons the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z ONDERLYING CONDITION LAST. (c)	
Ĕ II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	no
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (II in Baltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, foctory, street, office STREET	bidg., etc.) INJURY OCCUR?
2 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	Rolling Ave. & Wilkens Ave.
	will _ Subject was a passenger in auto xxxx
23.	ORK which struck a tree.
I certify that I held an Inquiry Inspection Aut	
resulted from: Natural couses Accident XX Suicid	e L Hamicide L Undetermined monner L
ACTUAL TIL ALL ON ALL	CHIEF MEDICAL EXAMINER
SIGNATURE A M.D.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER 🖾 3/1/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 3-3-1971 New Cathedral	
25A. DATE REC'D BYTTEATH DEPT. 25B. NAME OF REGISTRAR	
MAD O TON CA. A.P. 30 A. S. D.	
mater O will noting of suppost as of	Howard H. Hubbard, 4107 Wilkens Ave. 2122
VS 151-REV. 1/1/68	2 2 0 9

, and the second H (2) (2) (2) (2) (3) .ov. 4 mes 12 de 17 de 18 de 1 market constitution and a large at the constitution of 在1995年的企業中,1000年11月1日日本1962年中,12日本1962年11月1日日本1995年11日日本1995年11日日本1995年11日日本1995年11日日本1995年11日日本1995年11日日本1995年11日日本1995年11日本1995年

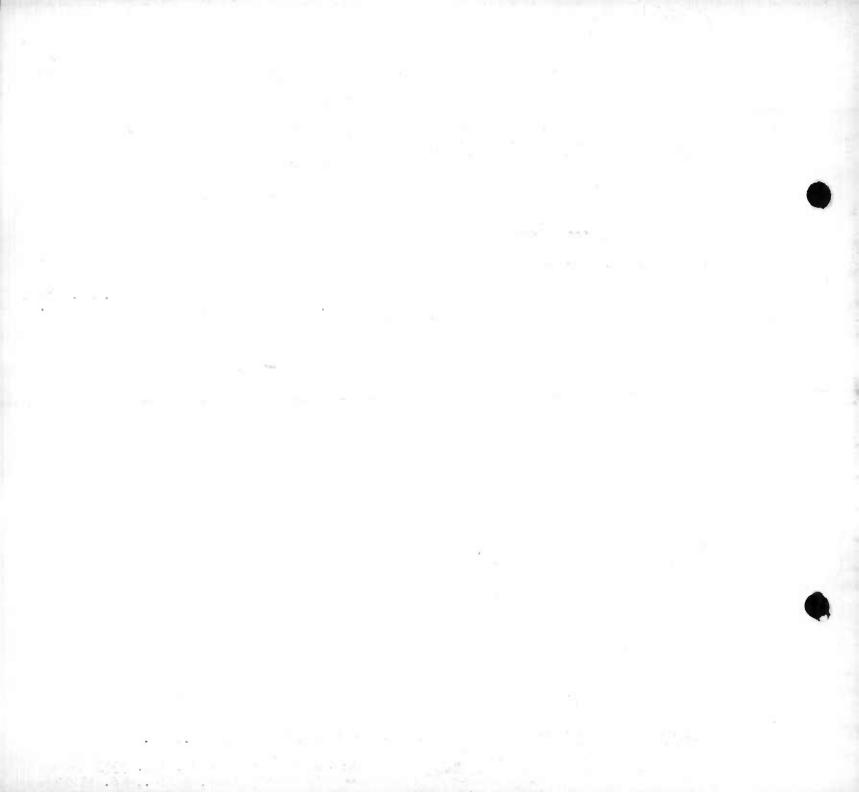
C 1121 74 0	Chel all	HEALTH DEPARTMENT	/1 2211
0 - 436 BIRTH NO.	CERTIFICA	TE OF DEATH RE	G. NO
1. NAME OF DECEASED		2. DATE AND HOUR	OF DEATH
(Type or Print) FREDERICK S	CHLUDERBERG	5 12 R. 3	1971 2:55 A.N
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where decease	lived. If institution: residence before admission)
			121 F 211
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
INSTITUTION	41	ESSEX	YES NO F
HOUSE OF PINES N.		E. STREET AND NUMBER	TES NO E
90 BELA	IR RO.	407 S. MARLY	N AVE.
5. SEX 6. RACE 7. MADE	RIED PNEVER MARRIED	B. DATE OF BIRTH 9. AGE (In	
MAKE		2/9/00 lost birthdo	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINI	WED DIVORCED DIVORCED	1) PIRTURI A CE (State or feeting country)	
done during most of working life, even if retired)	D OL BOSINESS OK INDOSIKI	11. BIKINFLACE (Store of foreign country	
	STEEL	MO.	USA.
3. FATHER'S NAME	TOTAL STREET	14. MOTHER'S MAIDEN NAME	
CONBAD SCHLUDERBE	FRE	LENA WAIN	E
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.		
UNK plant	213-07-1836	MARY SCH	LUDER BERG ABOU
1B. 0(11 5	CAUSE OF DEATI		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		100	
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Bronchopneum	onia) a week
(This does not mean the mode of dying,	e.g., DUE TO, OR AS	CONSEQUENCE OF:	
this does not meen the mode of dying, heart failure, agreement, or etc. It means the dise injury or gometication which coused death.)	.054,		
ANTECEDENT CAUSES			
DISPASES OR CONDITIONS, if ony, gi	(B)	A CONSEQUENCE OF:	
" Ise to the obove couse (A) stoting		a consequence or.	
UNDERLYING CONDITION lost.	(C)		
11			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG (P. R.	1- 11 11 6	RI :=
TO THE DEATH BUT NOT RELATED TO THE TERMIN	VAL Comme prom	hit; Lydyn; Chemi	+ Belinghabil
19A. DATE OF OPERATION 19B. CONDITION F		20 A. AUTOPSY? (Yes or No.) 20 B. IF	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH?
WAS PERFORMED			The state of the s
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., inhome, lorm, foctory, street, of	or obout 21 C. WHERE DID	If In Boltimore City, give exoct location)
Z DEATH (notify medical examiner)	etc.)		
O 21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCC	UR?
OF INJURY	White At Not Whill		
(APPROX.)	Work At Work		- /-
22. I certify that (I) (this haspital) attend	ed the deceased fram_	3/2/19 71	ta. 3/3, 19 9/
that (1) (we) last saw the deceased alive	2/	2 7/) (ow) apinian death accurred an the da
			, (see, aprillation assum accorred an fine da
and haur and from the causes stated abov	e. (I) (Ve) (dld) (dld nat) v	iew the bady after death.	
23A. SIGNATURE			23B. DATE SIGNED
albur B Bradley	DE GREE Phys	Med. Staff Phys.	3/5/71
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	
NAME (Type)	2-1-	4900 BELAIA	120
ALBERT B. BRADZ	DEGREE		
REMOVAL (Specify)	C. NAME of CEMETERY of CRE		(City, town, or county) (Stote)
BURIAL 3/3/71	OAK, LAWN	BALT	-O. MO.
25A. DATE REC'D BY HEALTH DEPT. 258. THE	AA E PEGETPAP	25C. FUNERAL DIRECTOR	ADDRESS
	AL DISTRAK	23C. TOHERAL DIRECTOR	NO DITEGO
MAD Q TOTAL DIVISE BE WINDE	48		
MAR 8 PM 06866 E. SALO	ME OF REGISTRAR	J.G. CONNELL!	

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8	11 2/1/10 101	TE OF DEATH REG. NO. 2212						
1.	Type or Print) SAMUE / (1/1/EV	2. DATE AND HOUR OF DEATH						
F	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE B. COUNTY D. INSIDE CITY LIMITS?						
7	George Clashington Nursing Hone	E. STREET AND NUMBER						
	OA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY fone during most of working life, even if refired)	8. DATE OF BIRTH OST Days Solution OST Days Hours OST Days Hours Min. 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	JAKNOWA 3. FATHER'S NAME UNKNOWA	14. MOTHER'S MAIDEN NAME UN KNOWN.						
(X	S. Was Decased Ever in U. S. Armed Farces? Tes, no ar unknown! (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 210-54-714.)	17. INFORMANT ADDRESS CHArt						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.	Stul Head Kinsense						
CATION		noif Schrophenia 1909						
CERTIFICATI	WAS PERFORMED	20 A. AUTOPSY? HOO NO NO NO NEED IN CORTIFYING CAUSES OF DEATH?						
CAL	OR CONTRIBUTING CAUSE OF home, larm, lactory, street, offi	or about 21C. WHERE DID (If In Baltimare City, give exact location)						
MEDI	OF IN HIS	21F. HOW DID INJURY OCCUR?						
	22. I certify that (I) (this haspital) attended the deceased from 3 19/0 to 3 19/0 to							
	23 C. PHYSICIAN'S NAME (Type)	Med. Director Phys. 23B, DATE SIGNED						
24	Dr. Richard Tyson M.D. DEGREE 4A. BURIAL CREMATION, 24B. DATE PROVAL (Specify) SA. DATA REC'D BY MATHORY ALEXANDOF REGISTRAN DEGREE 124C. NAME of CEMETERY of CREA PROVAL (Specify) ALEXANDOF REGISTRAN MAR PROVAL (Specify) SA. DATA REC'D BY MATHORY DEGREE 124C. NAME of CEMETERY of CREA ALEXANDOF REGISTRAN MAR PROVAL (Specify) 124C. NAME of CEMETERY of CREA SA. DATA REC'D BY MATHORY SA. DATA REC'D BY MATHORY	936 W. North Ave. Balto. Md. 21217 MATORY 24D. LOCATION (City, lown, or county) (Stole) 25C. FUNERAL DIRECTOR) 3000 Control of the county of						
L		11/9/10 TITE / rummy suff to the						

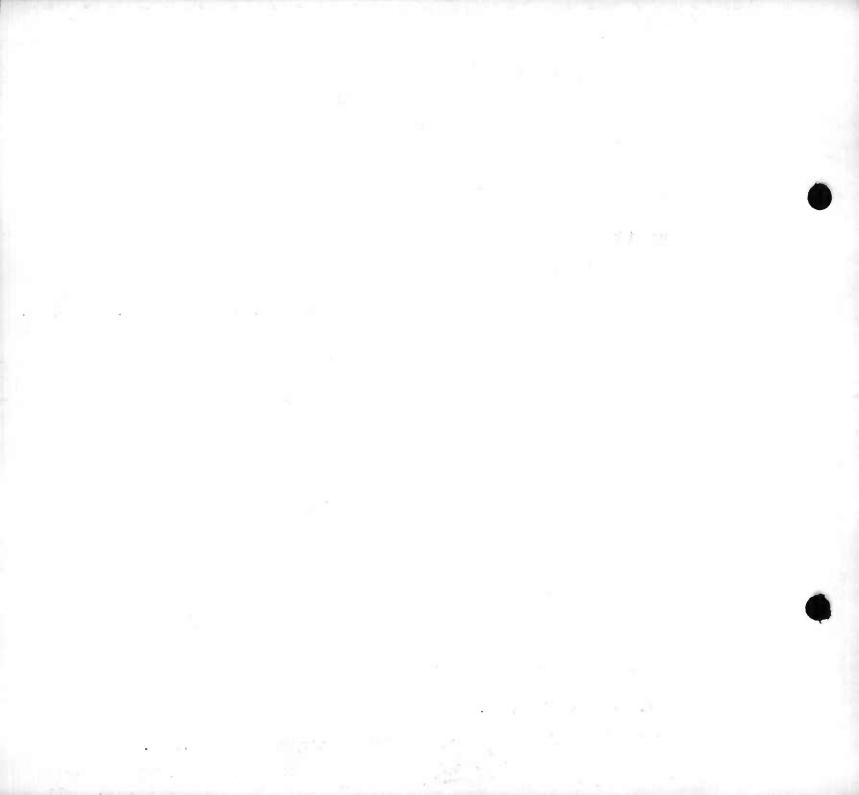


	2-251)			BALTIMORE CIT	Y HEALTH DEPARTME	NT	PM cod 0	
1	7-300	71	2213	CERTIFICA	TE OF DEAT	H REG. NO	71 2213	
	TH NO.	ASED	10/0			TE AND HOUR OF DEATH	4	_
(Ту	pe or Print)	Bott,	0 A1	111:11:Am T	. 3	12/71	1230	
3.	PLACE IN BALT	MORE MARYLAN	ID, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE A. STATE	(Where deceased lived, If COUNTY	institution: residence before admission	m.
FU He IN	LL NAME OF DSPITAL OR STITUTION			ISTITUTION, GIVE STREET	Md.	BAHO.	SIDE CITY LIMITS?	_
	Chur	ch Ho	mex	Hospital	BAlto		YES NO 🗌	
12	5 BROO	dway	/ K F.	ayette	E. STREET AND NUM	Dec Kee	Avenue 2/2	25
Ŝ.	SEX	6. RAGE	7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months! Days Hours Min.	15.
	m	W	WIDO	'= =	01-20.00	last birthdayl	Monins Days Hours Min.	
10/		PATION (Give kind over life, even if re		D OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNT	TRY?
5	hoot or	notal un	sken		Bal	terriore		
13.	FATHER'S NAN	E			14. MOTHER'S MAIDE	N NAME		
1	4do/4	- Bet	FIEN		MARK	Schupp		
15. (Ye	Was Deceased	Ever in U. S. Arme Of yes, give wor o	d Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	_
	no	- 0		3200MII (10)	Mrs. Clar	a Bettien. 282	Balto. Md. 2122 30 Southbrook Rd.	2
	18. 4 3	01117	30	CAUSE OF DEAT			APPROXIMATE INTERVAL	
		OR CONDITION		and the same of th	N.10 (71	1 . 11.12	2 /	
		LEADING TO DE it mean the mod		Q.C. DUCTO OD AC	A CONSEQUENCE OF:			
	heart failure, c	isthenia, etc. It molication which co	neans the dise	dise,	CONSEQUENCE OF:	I herman ha		
		NTECEDENT CA		- 1	la carella	osci Gene		
		R CONDITIONS,		ving (8)	A CONSEQUENCE OF:	out Gene	ref	
	rise la lhe	abave cause	(A) slaling	the car	ronic Ale	coholisms		
		11		(C)		***************************************		
ATION	TO THE DEATH	CANT CONDITIONS BUT NOT RELATED	TO THE TERMIN	NG GI	Bleeding	***************************************		
CERTIFIC/	19A. DATE OF		CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IP YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	
AL CER	21 A. ACCIDEN OR CONTRIBUT	T WAS UNDERLY! TING CAUSE O	NG 🗆	21B. PLACE OF INJURY (e.g., home, larm, tactary, street, o	in or about 21C. WHERE I	DID (If In Boltimo	ore City, give exact location)	
20			V					_
MEDI	OF INJURY (APPROX.)	(Month) (Doy) (Year) (Hour)	While At Not While Work At Work	le 🗀	D INJURY OCCUR?		
	22. I certify t	hat (1) (this has	nital) attend	ed the deceased from	9/14	197/ to 3/	0 / 7/ 10	
		ast saw the dec		2 /	19.7./a		Inlon death accurred on the de	ate
			stated abov	e. (1) (We) (did) (did nat)	lew the body after de	eath.		
	23A. SIGNATUR	che	0.	L mx l	19		23 B. DATE SIGNED	_
	A-C	- •	wood	O DEGREE Phy	nding Med. Director	Staff Phys.	3/3/71	
	23C. PHYSICIAN NAME (Ty			+ +	23D. ADDRESS CW	nch Home	a Hospital	
24	A.		DUVAL	DEGREE			V	
44/	REMOVAL (S			C.NAME of CEMETERY OF CR			City, town, or county) (Stote)	
200	burial		6/71	Holy Redeemer		Balto.,		_
25/	MAR 8	1371 Pa		ME OF REGISTRAR	Schimunek		Inc. 3331 Brehms	
VS	150-REV- 1/1/6	R				Lane, Ba	to., Md. 21213	-

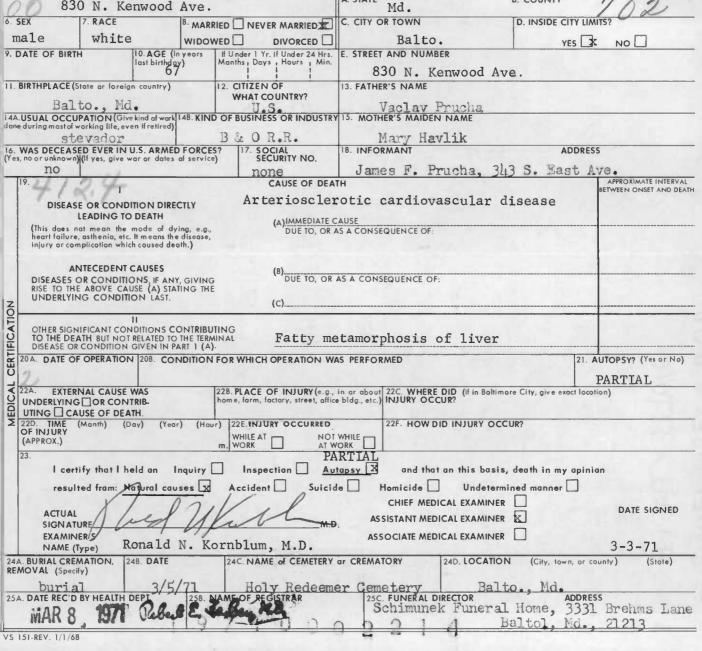


DIRECTOR:

FUNERAL



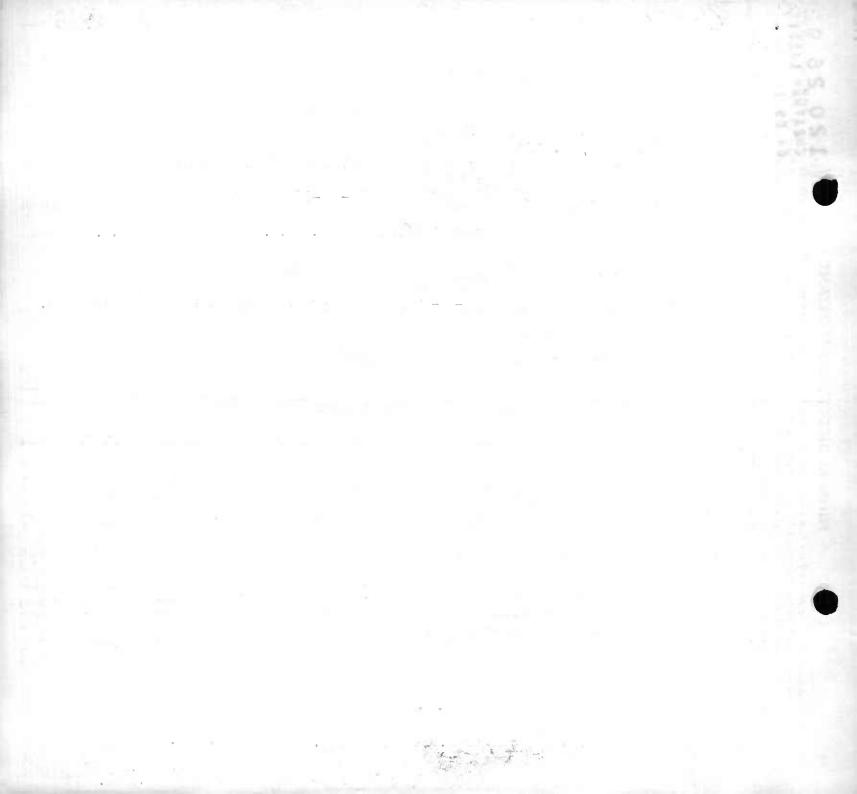
A PAITHAGE CITY HE	ALTIJ DENA DI JAPAN
WEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 171 2215
NAME OF DECEASED	2. DATE Known Manth Day Year Hour
pe or Print) FRANK PRUCHA	OF 3/2/71
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 3 2 1971 4:10 p M.
830 N. Kenwood Ave.	5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md.
SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white widowed Divorced	Balto. YES 🛣 NO 🗌
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
last birthday) Manths, Days, Hours, Min.	830 N. Kenwood Ave.
BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Balto., Md. WHAT COUNTRY?	Vaclav Prucha
A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
stevador B & O R.R.	Mary Havlik
WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
rs, no or unknown) (If yes, give war or dates af service) SECURITY NO.	James F. Prucha, 313 S. East Ave.
110 none	TH APPROXIMATE INTERVAL
Arterioscler	otic cardiovascular disease
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE O	
	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)(C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Fatty me	etamorphosis of liver
20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
2	PARTIAL
UNDERLYING OR CONTRIB- home, farm, factory, street, affic	in ar about 22C. WHERE DID (If in Boltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Haur) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT	WHILE
m. WORK AT W	ORK L
	ARTIAL tapsy 🔀 and that an this basis, death in my apinian
AU Inspection	Topos Les and that an inis basis, acam in my aprillan



search and management. The search and search 24 25 Ep 5 Pa 20 Day 35 E

FUNERAL DIRECTOR: IMPORTANT

11	BALTIMORE CITY	HEALTH DEPARTMENT	10.1
71 2 BIRTH NO.	216 CERTIFICA	TE OF DEATH REG. NO.	-71 2216 $-$
NAME OF DECEASED	100	2. DATE AND HOUR OF DEA	
all fram.	Tillen	3/2 5'55 A	
3. PLACE IN BALTIMORE, MARYLAND, WHERE FULL NAME OF (IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	A STATE & COUNTY	institution: residence before admission.
HOSPITAL OR ADDRESS OR LOCATION			NSIDE CITY LIMITS?
3 7THE JOHNS HOPKINS		BALTIMORE E. STREET AND NUMBER	YES NO NO
BALTIMORE ,MD. 21	.205	4706 BLUE RIDGE AVI	3
SEX 6. RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	Months Doys Hours Min.
PENALE WHITE	DOWED DIVORCED	04-09-11 59	
OA USUAL OCCUPATION (Give kind of work) 108. Jone during most of working life, even if refired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Binder Sch	neidereith & sons	Wash., D.C.	U.S.
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
JOSEPH DURM		OLIVIA PURCELL	
5. Were Deceased Ever in U. S. Armed Forces? (es, no or unknown) (if yes, give war or dates of	service) 1 6. SOCIAL SECURITY NO.	17. IMPORALANT	sband) ADDRESS
no	219-40-5744	Thomas W. Cheatham, 47	
18. / 6 / 9	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECT	LY		The same of the sa
LEADING TO DEATH	(A)IMMEDIATE CAU	ISE CALLEMAN of stemas A CONSEQUENCE OF:	h smes
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	disease, DUE TO, OR AS	A CONSEQUENCE OF:	
Injury or complication which caused deat	h.)	V	
ANTECEDENT CAUSES	(8)		
DISEASES OR CONDITIONS, if any, rise to the above cause (A) state		A CONSEQUENCE OF:	17.5
UNDERLYING CONDITION last	(C)		
11			
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE TE	BUTING		
■ IDISEASE OR CONDITION GIVEN IN PART 1 U	V).	[20A.AUTOPSY3 (Yes at No.)] 208. IF YES, WE	BE BINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	NED WHICH OFEIGHON	MA IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH inotify medical examined	218 PLACE OF INJURY (e.g., in home, form, factory, street, at etc.)	n or about 21 C. WHERE DID (II In Bolti fice bldg., INJURY OCCUR?	more City, give exact location)
21D-TIME (Month) (Doy) (Year) (He	DUE 21E INJURY OCCURRED	215. HOW DID INJURY OCCUR?	
OF INJURY	While At Work	•	
22. I certify that (I) (this hospital) att		3/1 197/ ta	3/2 1971
that (I) (we) last saw the deceased al	2/.	*	opinian death occurred an the date
and hour and from the causes stated a			
23A. SIGNATURE	indiver (1) (me) (did hor) v	new the body diter death.	23B. DATE SIGNED
Gion		nding Med. Steff Phys.	3hh1
23C-PHYSICIANS	DEGREE Phy	s. Director Phys. L	1-/2/11
23C. PHYSICIAN'S NAME (Type		t 1 11 1 11	
7 -		The 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Control Sentition of Man Date	M.D. DEGREE	Schus Hapkins Ho	TC(tv. town, or county) (State)
REMOVAL ISpecify)	24C. NAME OF CEMETERY OF CR		(Stote)
burial 3/5/71	24C. NAME OF CEMETERY OF CR		da
24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify Duri al 3/5/71 25A. DATE REC'D BY HEALTH APPY 25B. MAR 8 1477 (Jahran E.)	DEOREE	Balto. M	d. ADDRESS
burial 3/5/71 25A. DATE REC'D BY HEATTH AFFT. 25B. MAR 8 19/1 GBes 2 St. VS 150-REV. 1/1/68	24C. NAME OF CEMETERY OF CR	Pial Cem Balto., M	d. ADDRESS



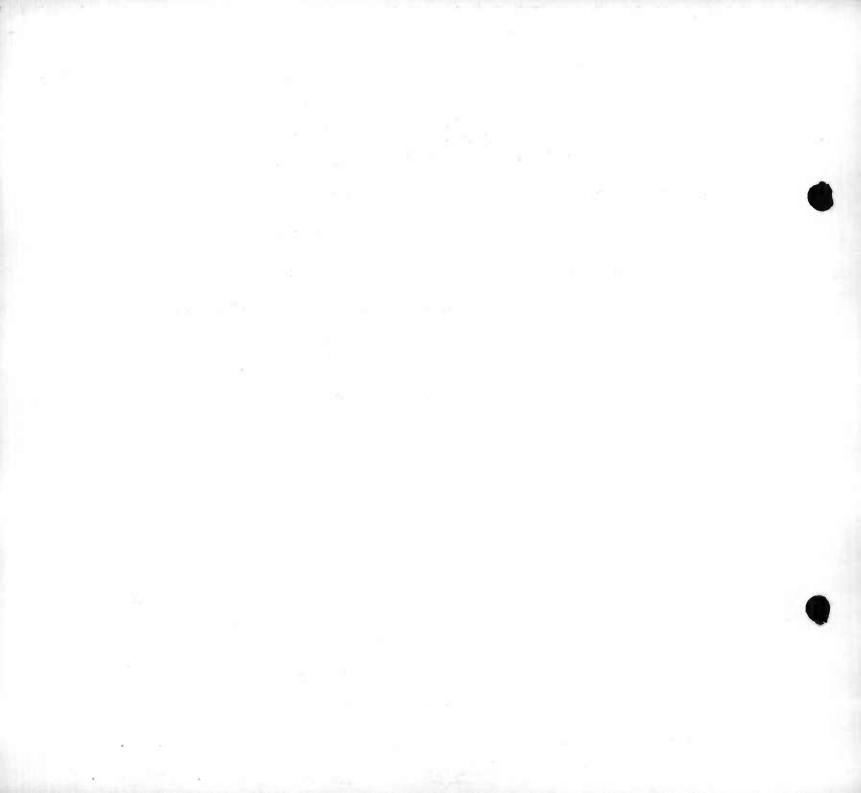
2 01/2	BALTIMORE CIT	Y HEALTH DEPARTMENT		MIA COAM
0 240 71 2217	CERTIFICA	TE OF DEATH	REG. NO	/1 2217
NAME OF DECEASED (Spa a Print) Edna Basle	u		AND HOUR OF DEATH	1 2 05 PM
PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD			institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	UTION, GIVE STREET	MARYLI C. CITY OR TOWN	AND	ISIDE CITY LIMITS?
37 Mesey Dasp	ital	BALTO.		YES NO
","			PE STRE	ET
SEX 6. RACE 7. MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (in years last birthday)	Months Doys Hours Min.
+ WIDOWED	DIVORCED [9-3-1900	70	
A USUAL OCCUPATION (Give kind of work 10B, KIND OF the during most of working life, even if refired)	BUSINESS OR INDUSTRI	11. BIRTHPLACE (State or to		12. CITIZEN OF WHAT COUNTRY
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
TOM JOHNSON		JO ANN		
. Was Deceased Ever in U. S. Armed Ferces?	16- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	JEGGETT NO.	GERTRUDE	WHITE	1831 HUPE S.
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEA		lua of	BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It means the disease, injury or compilication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B)DUE TO, OR A	Anluma ACONSEQUENCE OF: Cot run		d
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WER	E FINDINGS CONSIDERED :AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 218	ne, form, factory, street,	in or about 21C. WHERE DID office bidg.	(if In Baltim	nore City, give exoct lacation)
OF INJURY	INJURY OCCURRED ILLE AT Work AT Work	21 F. HOW DID II	NJURY OCCUR?	
22. I certify that (I) (this hospital) attended t		2 - 25	19 7/to	3-2 19/77
that (I) (we) last saw the deceased alive on	3-2	19 7 and		pinian death occurred on the dat
and have and from the causes stated above. (1) (We) (did) (did not)	view the body after death	le .	
23A. SIGNATURE	1/-		Staff [23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	DEGREE Ph	ending Med. Director D	Phys.	51-11
A. BURIAL CREMATION/24B. DATE 24G.N		REMATORY 124D.	LOCATION ((City, boyn, or county) (State)
REMOVAL (Specify) 3-4-71 /VI	+ CALVAR		NHE ARUH	1/
A. DATE REC'D BY HEALTH DEPT. 258, NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	OR	928 E. HURTHK
150-8EV, 171/68		0 0 2	0	, - u = , // 0 // // //

IMPORTAN DIRECTOR: FUNERAL

D. INSIDE CITY LIMITS? YES NO T Months: Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that In(my) (aur) opinian death occurred on the date 23B. DATE SIGNED

addres should be 4149 Mounterood Rd.

4-1/1) 71	0040	BALTIA	ORE CITY	HEALTH DEPARTME	NT			
BIRTH NO.) (1	2219	CERT	TIFICA	TE OF DEAT	TH REG. NO	71	2218	
I. NAME OF DEC		L.			12. DA	TE AND HOUR OF DEATH	1	-	
(Type or Print)	Ophelia	Hall			12	Wa		118	0
3. PLACE IN BAL	TIMORE, MARYLAND, W		UNCED DEAD		4. USUAL RESIDENCE	(Where deceased lived, If	institution: re	sidence before	odunis sion)
FILL NAME OF	UE NOT IN HOSBIT	AL OR INICTIT	TITON CIVE C	V	Maryland	RUITA		= 0	1 1
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	UNION, GVES	IREET	C. CITY OR TOWN	Pallo	SIDE CITY LI	AAITS2	00
20			ital, In		Pol timovo	D. 114.	YES KX	No 🗌	
39		-	leights A		E. STREET AND NUM	BER	163	140	
<u> </u>	Baltimo	ore, Mar	yland 21	.215	7128 Walnu	t Avenue			
5. SEX	6. RACE	7. MARRIED	NEVER MA	RRIED	8. DATE OF BIRTH	9. AGE (In years	If Under Months	1 Ye , II Unde	er 24 Hrs.
Female	Black	WIDOWED	_	RCED	1-1-90	last birthdoy)	Months	Doys Hours	Min.
DA. USUAL OCCU	JPATION (Give kind of work working life, even if refired)	10B. KIND OI	BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stole	or foreign country)	12. CITI 2	EN OF WHAT	COUNTRY
	STATE OF STREET				Phila., Pa		11	S.A.	
Domesti	AE				14. MOTHER'S MAIDE				
	s Gilliard		19 / 40		Rose Hutc	hinson			
Yes, no of unknown)	Ever in U. S. Armed For all yes, give wor ar dote	es of service)	1 6. SOCIAL SECURITY	NO.	17. INFORMANT			ADDRESS	
			220-30-	0800	Mrs. Hilda H	Hall BROWN (Dat	ghter)	Same	-6
18.4/	0,41		CAUSE	OF DEAT	1 Martin la	www. Adies	1.	APPROXIMATE IN	
DISEAS	E OR CONDITION DI	RECTLY			4 OWE IN	goconnecon	l°	ETWEEN ONSET	ND DEATH
	LEADING TO DEATH	1000	(A) IMM	EDIATE CAU	SE Marth	m		24 h	4.
heart failure,	ot mean the made of asthenia, etc. It means	the disease,	DUE	TO, OR AS	A CONSEQUENCE OF:	Δ			
injury at com	plication which caused	death.)		0.	, 1	. 11		4	0.
A	INTECEDENT CAUSES		(8)	my	nent (hour /Aces	naka	, 2 W	eely
DISEASES O	R CONDITIONS, II	any, giving	DUE	TO, OR AS	A CONSEQUENCE OF:		7		
UNDERLYING	abave cause (A)	sloling the	(c)				- 1		
1.	11		(0/00000	*********					
OTHER SIGNIFIC	CANTCONDITIONS CO	NTRIBUTING							
TO THE DEATH	H BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL	*********						
DISEASE OR CO 19A. DATE OF	OPERATION 198 CON	DITION FOR V	WHICH OPERAT	ION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS	CONSIDERED	
2					Yes	IN CERIFFING C	(0353 OF D	EAINI	
- OR CONTRIBUT	TING CAUSE OF	21 B,			or obout 21 C. WHERE I		re City, give	exoct locotion)	
DEATH (notify	medical examiner	etc.)						
OF INJURY	(Manth) (Doy) (Year)	(Haud) 21 E.	INJURY OCC	JRRED	21F. HOW DI	D INJURY OCCUR?			
OF INJURY			le At	Not While	,				
22 1 45	4 (1) (1)	Wor		At Work	1/2/		3/3/	-	- 1
	that (1) (this hospital		he deceased l	ram	1/20	19 <u>//to</u>	1 3	19	
	last saw the decease		1	5/		nd that in (my) (aur) ap	inian déati	h accurred an	the date
	from the causes stat	ed abave. (1) (Me) (gid) (did nat) vi	lew the bady after d	eath.			
23A. SIGNATUI	RE Coul	1		V		The same of the sa	23 B. DATE	SIGNED	
	Clepth &	aurste	10 0	EGREE Phys	nding Med.	Staff Phys.	5,	14/7/	
23C. PHYSICIAN NAME (Ty	N'S				3D. ADDRESS	-	1	11-11	
	Dr. E. Sau	nders	M.D.		7 BTH	Garusa	13/11	1.	
4A. BURIAL CREA	AATION, 248, DATE		ME OI CEMET	DEGREE ERY of CRE	MATORY 12	4D. LOCATION (C	ity, lown, or	county)	(Stote)
REMOVAL (S								•	
Burial 25A. DATE REC'D	3-6-71	258 NAME O	Thomas	Ceme		Randallstown	1, Md.		
MAD		BE 3	-	*	25C. FÜNERAL DIR			ADDRESS	
/S 150-REV. 1/1/6	0 13/1 040	الم الم الما	STATE OF THE PERSON.		Wm C Marc	h (1928 E. No	orth A	AVO.	
# : JV-REV# 1/1/0	ų .								



VS 151-REV. 1/1/68

Wm C March 928 E. North Ave.

		Sammark Median - Same
		and the second discountry
	200-27	
	nonew. The North	92-99-9
		amlionel minor
		Locked X003
. Sex of the	BU 1000 Arms Tolers TO	
	Caretery Nendallatown	aumody de ft-8-5 fefrie
. 694 534	on .R 620 dese o es	

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Burial

VS 151-REV. 1/1/68

24B. DATE

24C. NAME of CEMETERY or CREMATORY

Ylen Haven (emetery

25B. NAME OF REGISTRAR

24D, LOCATION

25C. FUNERAL DIRECTOR

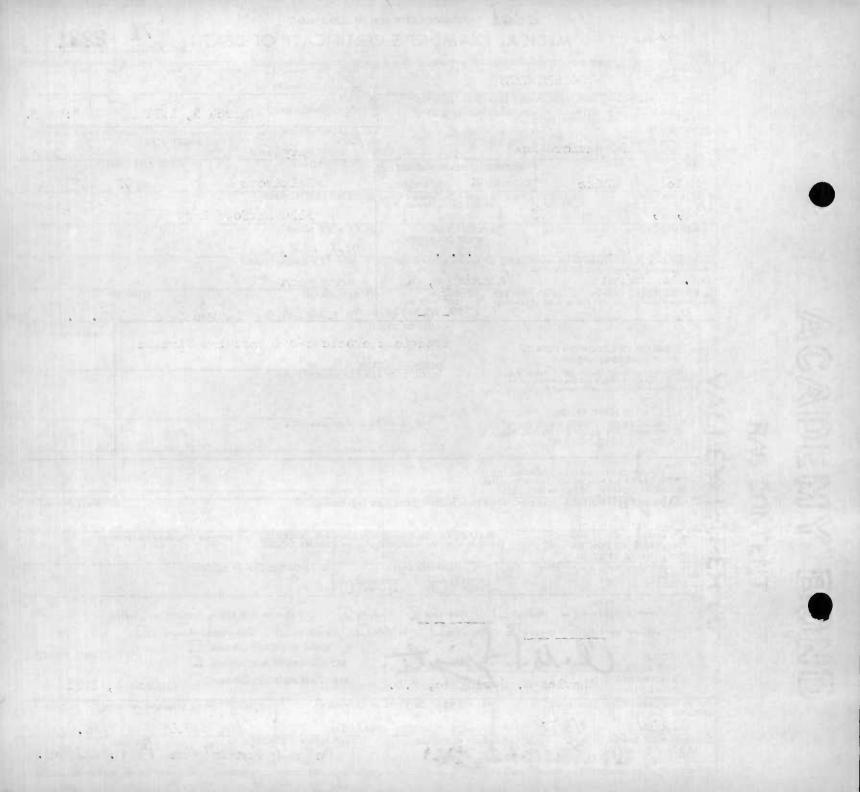
Glen Burnie

(City, town, or county)

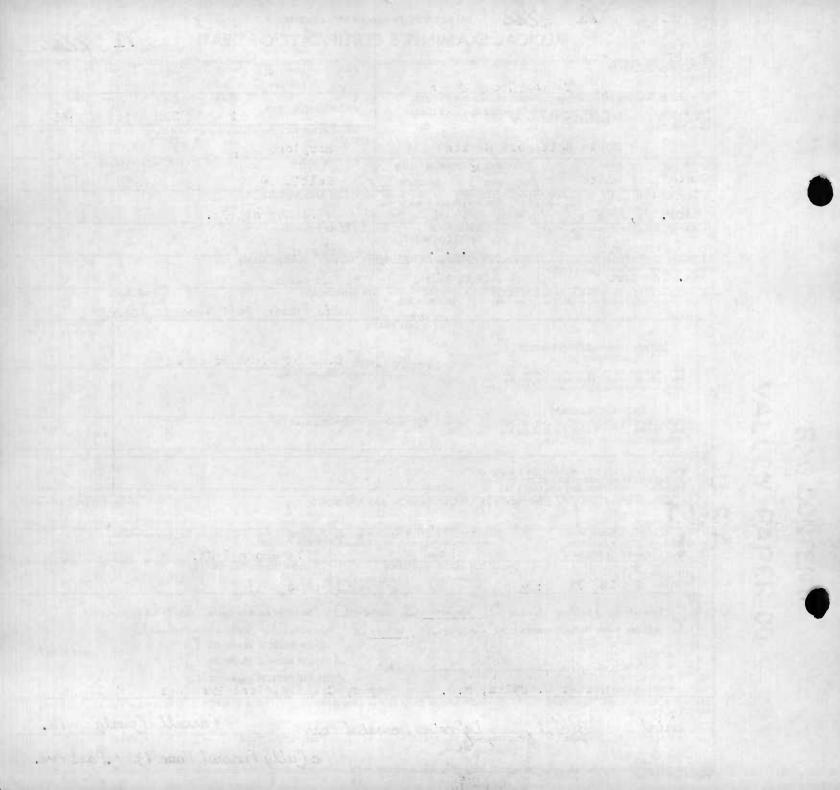
ully Funeral Home 130 E. Fort Ave.

ADDRESS

(Stote)



.71 2222 BALTIMORE CITY HEALTH DEPARTMENT
/-500 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 71 2222
BIRTH NO.
1. NAME OF DECEASED (Type or Print) 2. DATE Known Month Doy Year Hour
Thomas Leroy Thuma DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) 2 26 71 3:43 p
OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY
South Baltimore General Maryland 240/
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
male White WIDOWED DIVORCED Baltimore YES NO
lost birthdov) Months: Doys: Hours: Min.
Nov. 17, 1902 69 1 1471 Woodall St. 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME
WHAT COUNTRY?
Maryland 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME
daye during into st of working life, even if retired)
Ret. Seamann Steamship unknown 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS
(Yes, no or unknown) (It ves, give wor or doles of service) SECURITY NO.
ues WW 1 unknown Doris Thuma 1471 Woodall Street
19. CAÚSÉ OF DEATH APPROXIMATÉ INTERVA BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., (This does not mean the mode of dying, e.g., (This does not mean the mode of dying, e.g.,
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. it means the disease, injury or complication which coused death,)
Injury of compared to management of the control of
ANTECEDENT CAUSES (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
DISEASE OR CONDITION GIVEN IN PART 1 (A).
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
no
UNDERLYING OR CONTRIB. home, forthy, street, office bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. home 1471 Woodall St.
OF INJURY
(APPROX.) 2 26 71 3:34 p m. WHILE AT WORK S shot self
I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion
resulted from: Natural causes Aceidant Suicide X Homicide Undetermined manner
CHIEF MEDICAL EXAMINER
ACTUAL ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATUREM.D.
ASSOCIATE MEDICAL EXAMINER \(\) NAME (Type) Werner U. Spite, M.D. Deputy Chief Medical Examiner 2/27/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (State)
Burial 3/8/71 Lakeview Memorial Park (arroll County Md.
Burial 3/8/71 Lakeview Memorial Park Carroll County Md. 25A. DATE REC'D BY HEALTH DEPT. 259, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
MAR 8 1971 No. Cully Funeral Home 130 E. Fort Ave.
THE CULLY FUNERAL HOME 130 C. FORE AVE.
VS 151.PEV 1/2/68

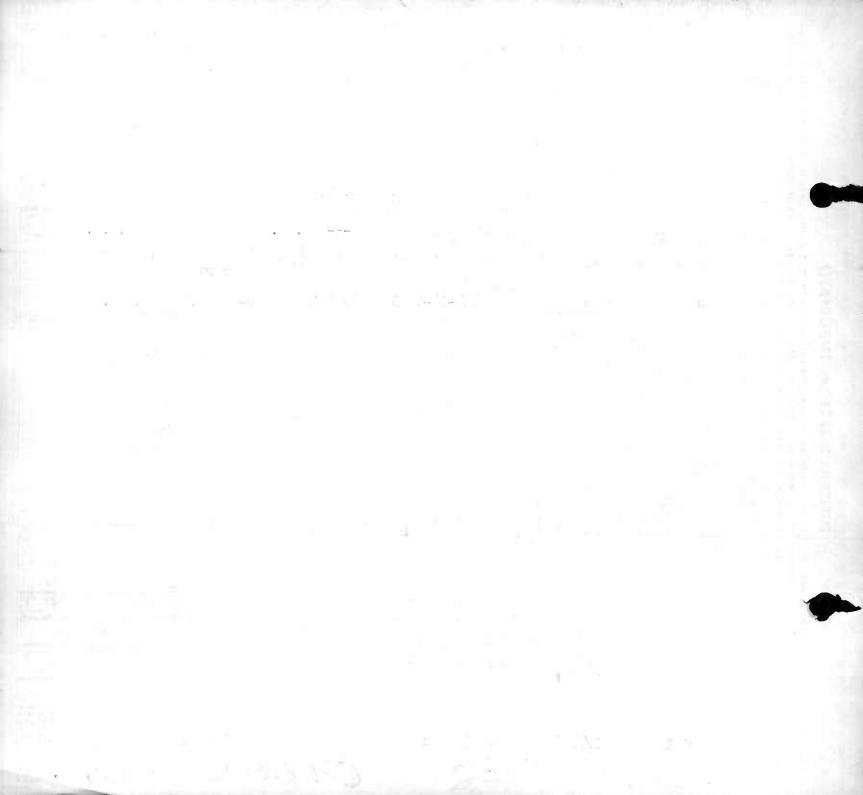


- 11		A CANADA TANADA TAN			
	M-2112 1 2223		HEALTH DEPARTMENT		71 0000
18	IRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	1 7543
1	NAME OF DECEASED	1		D HOUR OF DEATH	
	ype or Print) MCALISTER, No	ellie N		IRCH 71	13:29
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If insti	itutions residence before admission)
11.	IIII NAME OF HE NOT IN HOSMAN OF INSTITUTE		And I	- m	1,7711
	ULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN		
- 11	119		Balt		CITY LIMITS?
	36		E. STREET AND NUMBER		YES NO
	Morth Charles General	1.650. tol	-31620004	re- d Ana	2.12
5.	CEV LA DAGE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veges	nue, If Under 1 Yr., If Under 24 Hrs.
	F WIDOWED IX	DIVORCED	12/20/00	last birthday	Months Days Hours Min.
T(A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU		11. BIRTHPLA CE (State or farei	an country)	12. CITIZEN OF WHAT COUNTRY
de	one during most of working life, even if relired		m- 1		
13	FATHER'S NAME	e	11/ARyla.		U.S.A.
	11. 6 40	1 1	14. MOTHER'S MAIDEN NAM	AE	
1.0	Henry C. Thompson (-	dec)	PARbara	thomas	m.
(Y	. Was Deceased 6/er in U. S. Armed Forces? es,na ar unknawn) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	9	ADDRESS
	no. 2	20-44-2043	Chart- N	-+ Ni	1. 1.
	18.	CAUSE OF DEATH	1	or in chase	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			· ·	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAUS	E MYOCARDIA	L INFARCT	70N
	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
	injury or complication which caused death.)		1		
	ANTECEDENT CAUSES	(B) HYPER	CTENSIVE APPERIOS	CLEROTIC	MAN VELES-
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		A CONSEQUENCE OF:	1 > 1	
	UNDERLYING CONDITION last.	(c)	drundry vasc	ULLE DISEA	SE-
	11	(-/			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			***************************************
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes or Na)	208. IF YES, WERE FIN	DINGS CONSIDERED
				IN CERIFINO CAUSE	S OF DEATH?
¥	OR CONTRIBUTINO CAUSE OF home, to	CE OF INJURY (e.g., in arm, factory, street, offi	or about 21 C. WHERE DID	(il In Baltimore C	City, give exact lacation)
U	DEATH (notify medical examiner)				
AED!	OF INJURY (Month) (Day) (Year) (Hour) 21E, INJ	URY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
8	(APPROX.) While A	Not While			1
	22. I certify that (I) (this hospital) attended the de		ARCH-1	1971,0 MAR	Col 4 71
	that (i) (we) last sow the deceased alive an	MARCH 4	91		······································
	and hour and from the causes stated above (1) (W.	Van van	and the	t in (my) (our) apinia	n death occurred on the date
	23A SIGNATURE	e) dia (dia hat) Vi	ew the bady after deoth.		A DATE SIGNIES
	45th B	Atten	ding Med. S		B, DATE SIGNED
	23C. PHYSICIAN'S	Phys.		haff hys.	+ MARCH 11
	NAME (Type)	1/ 1-	DADDRESS	erlean He	en mi
24		DECORE	NOETH CHARLES	OENERUT HO	SPITAL
24	A- BURIAL CREMATION, 24B. DATE 24C. NAME	OF CEMETERY OF CREA	AATORY 24D. LO	CATION (City,	lawn, or caunty) (State)
L	Serial MAV. 7,1971 MAT	· CAVINO!	(Emetery)	PALKE	n, Maryland
25.	A. DATE REC'D W HEALTH DEPT. 258, NAME OF RE	The state of the s	25C. FUNERAL DIRECTOR	000	ADDRESS
1	ARR 1077 PREP ZOR TES	or no	Hr. For chilan	ett Ckving:	s Mills, let
VS	150-REV. 1/1/68				

Person Chades Commence they has Sh - Sh/00/01 company Herman Fe Many Kind Il HERRY C. Thompson (Idea) Broken theory. 2x 44-x43 Chart- Back Charles - ...

Mar 21971 1774 Commel Conclay Parkton, 112-16.

	o Print)	Robe	ert Moore	ehead		Manah 1 305	77 !
3. PL	ACE IN BALT	TIMORE, MARTLAND, V			4. USUAL RESIDEN	March 1, 197	If institution: residence before
E111	NAME OF	0.5 May 11			A. STATE Md	B. COUNTY	- ^
HOS	NAME OF	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	BAITU.	INSIDE CITY LIMITS?
0	~				Baltin		YESE NO
3	/	MERCY H	OSPITAL		E. STREET AND NE		11312 110
						218 Homberk Ave	
5. SE		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under
	M	W	WIDOWED		9-16-28	lost birthdoyl	Months Days Hours
104.1	USUAL OCCU	PATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	te ar loreign country)	12. CITIZEN OF WHAT
		vorking life, even if retired)	Const	ruction	Mar W.	Va.	U.S.A.
	ATHER'S NAM	AE	1 0 0 1225 0 2		14 MOTHER'S MAI		0 00 211
15. W	as Deceased	irgel Mooreh Ever In U. S. Anned Fer	ead	1 6, SOCIAL	Bessi 17. INFORMANT	.e Moore	
(1621	10 of BUKNOWN!	ill yes, give wor or dak	es of servicel	SECURITY NO.			ADDRESS
Yes	5	Korean		214-34-2063	Virginia !	Pritts- Bloomin	ngton, Md.
E ei	njury or comp A DISEASES Of ise to the	asthenia, etc. It means plication which caused INTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION lost.	deoth.)	6	ACONSEQUENCE OF: ACONSEQUENCE OF: A CONSEQUENCE OF: Much h h	leah emplaya	
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FUNERAL DIRECTOR:

150-REV. 1/1/68

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VS 150-REV. 1/1/68



VS 150-REV. 1/4/68

coded to NH as No other
Address could be oblined

150-REV. 1/1/68

grants material

Such

Type ar Print)	Charles Peyt	on Fav	vcett		and hour of death	1	
3. PLACE IN B	ALTIMORE, MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived, If i	institution:	residence before admission
HOSPITAL OR	ADDRESS OR LOCA	TION)	DITON, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY	LIMITS?
^ ^				Baltimore		YES 2	NO
00	1202 Cox St	•		1202 Cox S			
Male Male	6. RACE White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 12/14/04	9. AGE (In years last birthday)	If Und Months	er 1 Yr. If Under 24 Hr. Days Haurs Min.
	CUPATION (Give kind of wark of warking life, even if retired)	Ship		11. BIRTHPLACE (Stote or for Maryland	areign country)	12. CIT	USA
3. FATHER'S N				14. MOTHER'S MAIDEN N	IAME		
	illiam A. Fa			Bertha 1	Peyton		
Yes, na ar unknov	ed Ever in U. S. Armed Far wn) (If yes, give war ar date	s of service)	16. SOCIAL SECURITY NO. 212-14-2387	17. INFORMANT Lillian G	. Fawcett-	1202	Cox St.
rise la	OR CONDITIONS, if the obave cause (A) NG CONDITION last.		(B) DUE TO, OR AS	ertension A CONSEQUENCE OF: bro-vascular	arterioscler		several years
¥ TO THE DE	II VIFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO	HE TERMINAL					
	OF OPERATION GIVEN IN PAR 19B. CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	Na) 208. IF YES, WERE IN CERTIFYING CA	FINDING:	CONSIDERED DEATH?
OR CONTRI	DENT WAS UNDERLYING DENTING CAUSE OF ify medical exominer	21B ham etc.	ie, farm, factary, street, at	ar about 21 C. WHERE DID	(If In Boltimo	ore City, gi	ve exact facotion)
21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		INJURY OCCURRED ile At	21F. HOW DID I	NJURY OCCUR?		
	fy that (1) (this haspital e) last saw the decease		reb, 10	Feb. 1962		March	3 1971 oth accurred on the do
	ind from the causes stat	red abave. ((We) (did) (did nat) v	lew the bady after deat	h.		
23A, SIGNA	Ellavor	1 6	DEGREE Phys	nding Med.	Staff Phys.	3-1 3-1	5-71
23 C. PHYSIC NAME	(Type)			23D. ADDRESS			Yes
E.	ELLSWORTH COOK	M.D.	GEGREE	2431 Maryla	nd Ave . Bal	timore	Mā.
	REMATION. 248. DATE	24C. N	AME of CEMETERY OF CRE	the state of the s		timore City, tawn,	of county) (State)

VS 150-REV. 1/1/6B

25C. FUNERAL DIRECTOR Donovan Funeral Home-3818 Roland Ave

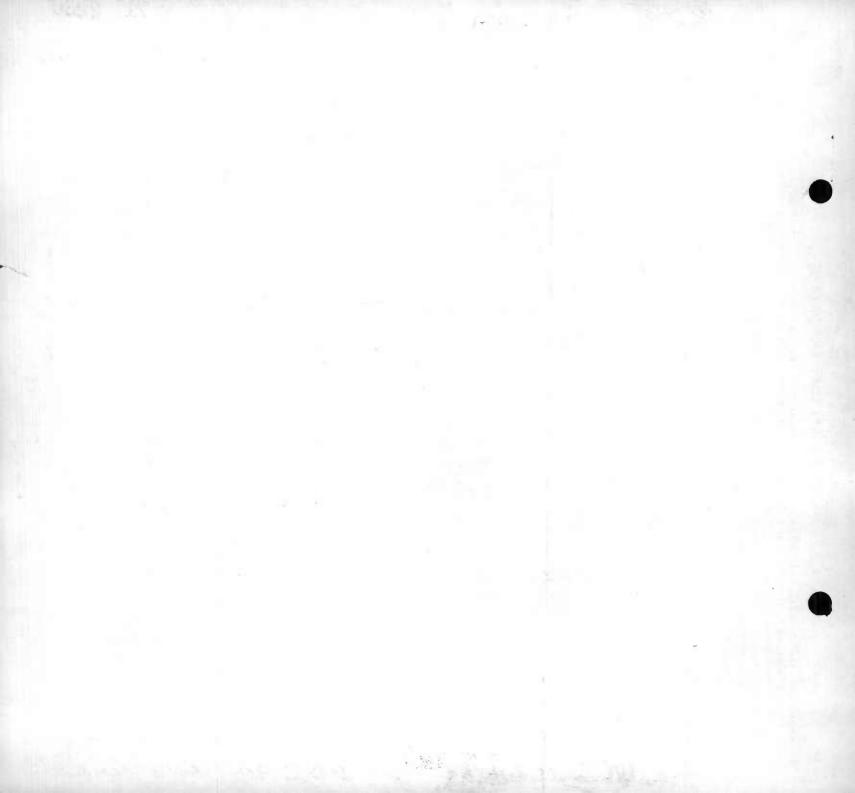
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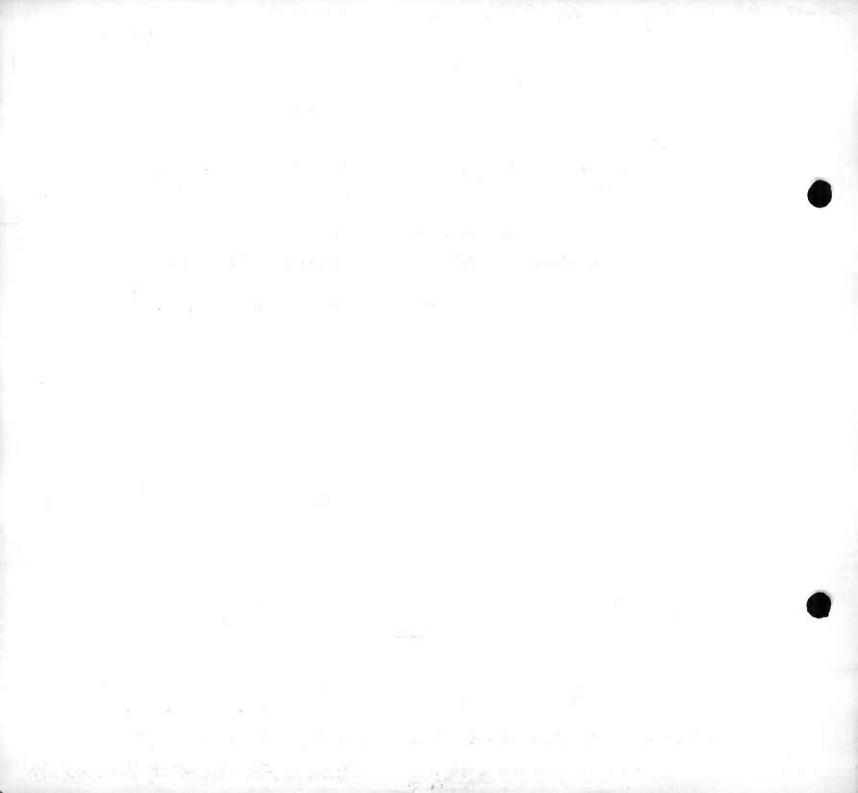
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CL. of



8-56-47 db	71 2231 BALTIMORE CITY HEALTH DEPARTMENT
2005	CERTIFICATE OF DEATH REG. NO. 71 223
death death n the Sucl	I. NAME OF DECEASED C. TO DO S. D. S. L. S. A. A. A. A. A. A. L. Z. DATE AND HOUR OF DEATH
of deat Of deat Decease e on th	(Type of Print) GEORGE O. DIEKMANN 2. DATE AND HOUR OF DEATH MARCH 3 1971 6.03 P.M.
- 40	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where doceosed lived. If institution: residence before admission) A. STATE B. COUNTY
use dand	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND, BALTIMOTE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
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outing sed ca ar at prior	Baltimore, Maryland 21224 7103 Holabird Ave. 21222 005
occurre ontribut ermined regular sased p	5. SEX Male 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours loss birthday) 11 Under 1 Yr. If Under 24 His. Months Doys Hours Min.
th n n n	10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoto or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NT nt if death direct or c ; (4) Undet h was in n the dec	CONTRACTOR BUILDING Maryland USA
t) the kan he he he	John DIEKMANN Wilhelmina JCHEELER
NT if directly (4) the control of th	15 W. D. J. B. J. J. C. A. J.
4 5 6 5 5	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 4940 Eastern Ave.
S 2 = = = = = = = = = = = = = = = = = =	213-34-4359 BCH-Records Baltimore, Md. 21224 CAUSE OF DEATH APPROXIMATE INTERVAL
PO if any seed or and a lor	BETWEEN ONSET AND DEATH
or his Also, e of a nounce atten	LEADING TO DEATH CAMMEDIATE CAUSE Acute Myo cardial Jufact Kon 10 Hours
	heart foilure, asthenia, etc. It means the disease,
U E D > E	ANTECEDENT CAUSES Alberosclerotic Cardiovascular Years
Xam Xami Afr Who	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF: J. Sease
₩ 5.00 c i i i	ise to the above cause (A) stating the UNDERLYING CONDITION test. (C)
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H Big E S ≯ E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING F TO THE DEATH BUT NOT RELATED TO THE TERMINAL V IDISEASE OR CONDITION GIVEN IN PART 1 (A).
NERA Thief m Body by The ph ysician	
Z to Strain	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AU D'SY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
FU tal by tal by tal by No ph)	U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 20. WHERE DID home, form, foctory, street, affice bidg., INJURY OCCUR?
	DEATH (notify medical examines) etc.)
hospinatur ept w d (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While AI Not While
	Work At Work
ppproperty any copt	22. I certify that (M (this hospital) attended the deceased from March 3 1971 to March 3 1971 to that (M) (we) last saw the deceased alive on March 3 1971 and that in (m) (aux) opinion death accounted as the date
of a poly ();	and that highly (and opinion death occurred on the date
ust be sessed dent lospit deat must	and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED
E 2 0 - 2 -	James Jeff. Jeung M. Attending Med. Director Phys. W March 3 rd 1971
	23C. PHYSICIAN'S NAME (Type)
ifficate (1) An a 3.A. at d prior approv	JAMES K-H, JEUNG M.O DEGREE 4940 Eastern Ave. Balto., Md. 21224
E-11 0 0 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. fown, or county) (Stote)
his cert he bod hows: (as D.C	BORIAL &MARTI MEADOW RIDGE CEMETERY HOWARD CO. MD.
This cert the body shows: (7 was D.O decease	MAR 8 1971 Calle E Jack Mare of REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	VS 150-REV. 1/1/68



NO

Hours

APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH

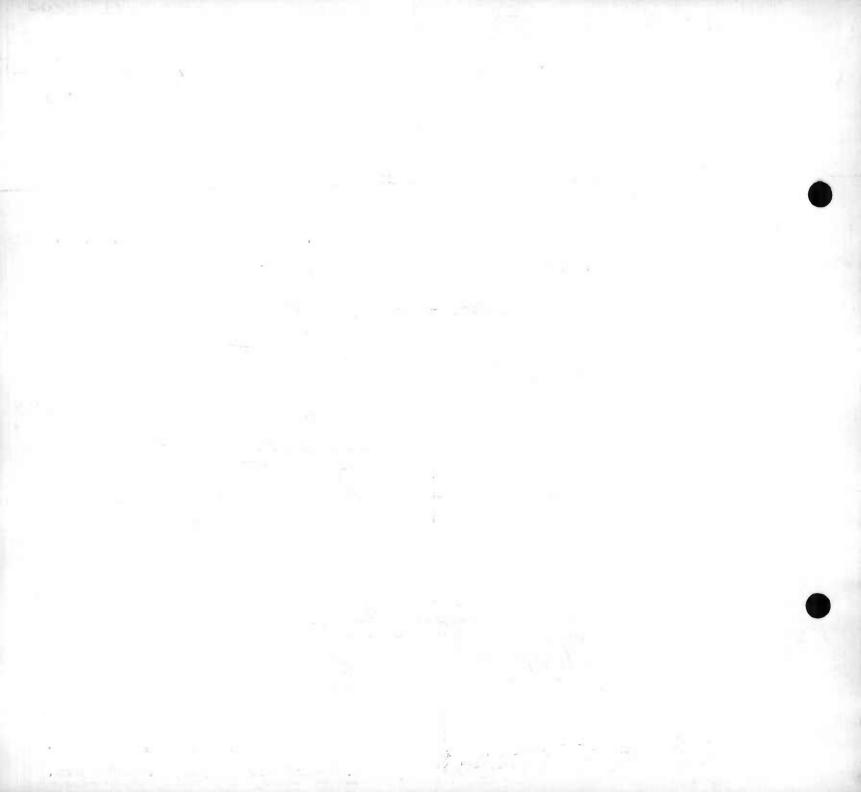
ADDRESS

If Under 24 Hrs.

IMPORTANT DIRECTOR: FUNERAL

approved

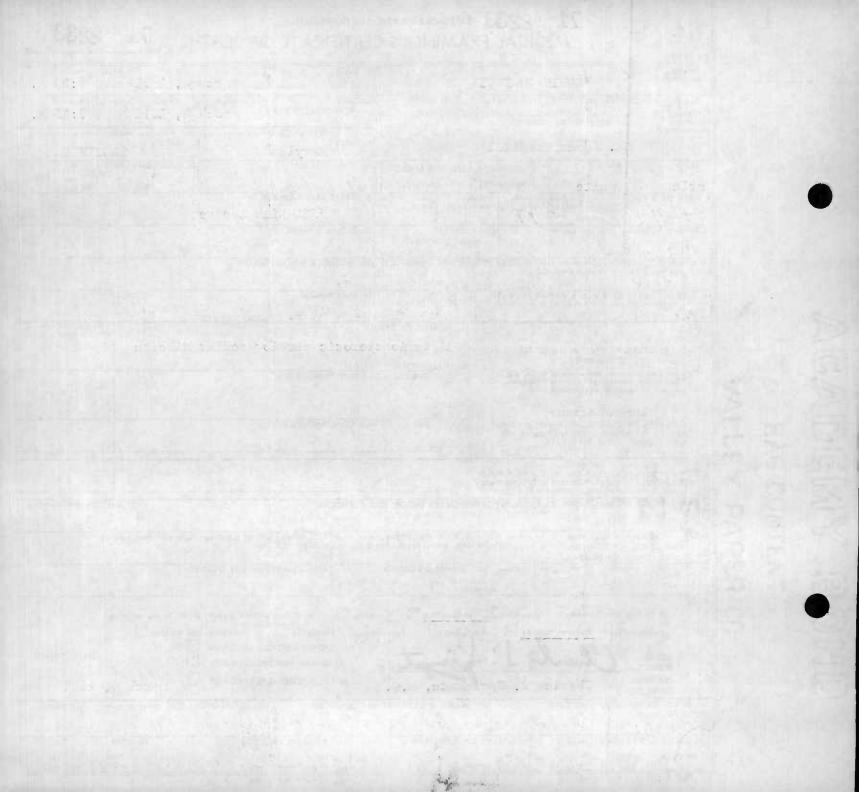
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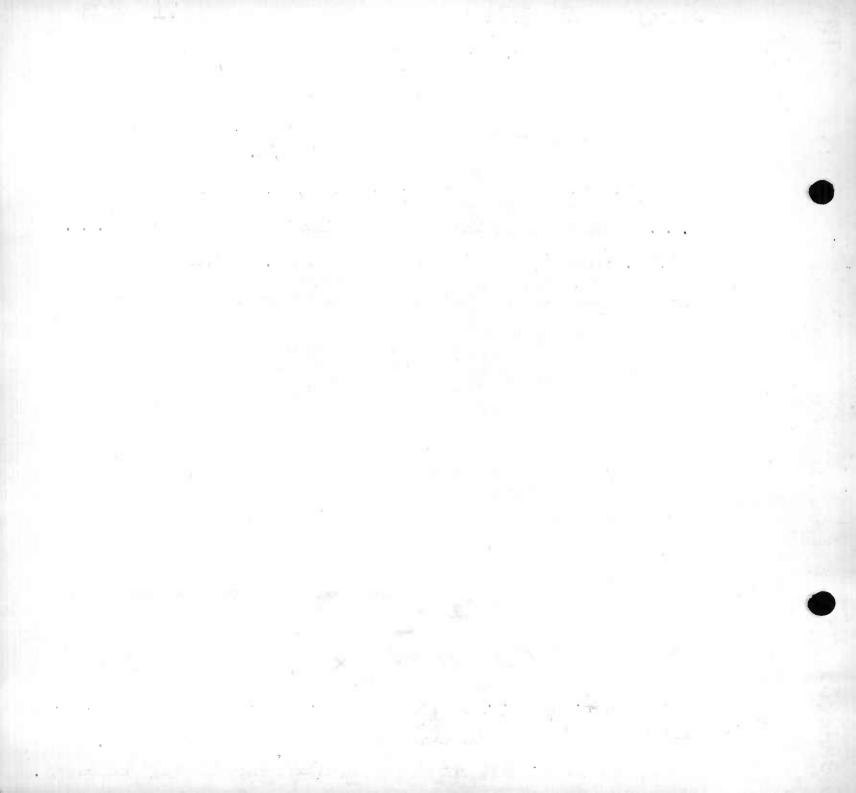
71 2233 BALTIMORE CITY HEALTH DEPARTMENT

79.79				
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

G-125 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO. 12233
BIRTH NO.
1. NAME OF DECEASED (Type or Print) EDWIN OWEN GIBSON 2. DATE Known X Month Doy Yeor Hour 7:25 A.e.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Manth Day Year Hour
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
St. Agnes Hospital A STATE Maryland B. COUNTY BALTIMORE
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED Arbutus YES NO 5
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, II Under 24 Hrs. E. STREET AND NUMBER Months, Days Haurs Min. 5524 Link Avenue
11, BIRTHPLACE (State or fareign country) 12, CITIZEN OF 13, FATHER'S NAME
Maryland WHAT COUNTRY? Un KNOWN
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working lile, even If retired)
Clerix warehouse Unichown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown)((I) yes, give war or doles of service) 18. INFORMANT ADDRESS SECURITY NO.
No 212-05-2085 Mary Davidson 811 Janiel Dr. Apria polis
19. 4 2 1 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease
LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO OR AS A CONSCOURAGE OF
(this does not mean the made of dyling, e.g., heart loilure, osthenio, etc. It meons the disease, injury or complication which caused death.)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:
RISE 10 THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST. (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
NO 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or obaut 22C. WHERE DID (If In Baltimore City, give exact lacation)
UNDERLYING OR CONTRIB- hame, farm, factory, street, affice bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Day) (Year) (Haur) 22E, INJURY OCCURRED. 22F. HOW DID INJURY OCCUR?
(APPROX.) m. WHILE AT NOT WHILE AT WORK
I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion
resulted from: Natural causes Accident Suicide Homicide Undetermined monner
ACTUAL ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE ALL SIGNATURE
EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER March 4, 1971
24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY or CREMATORY 24D, LOCATION (City town or county) (State)
REMOVAL (Specify) 3/8/71 LOUGON Paris Cometer Beltimere Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
120 100 20 00 20 con 20 Apress 1 10 1995 5 1 1 1 0 21
VS 151-REV. 1/1/68

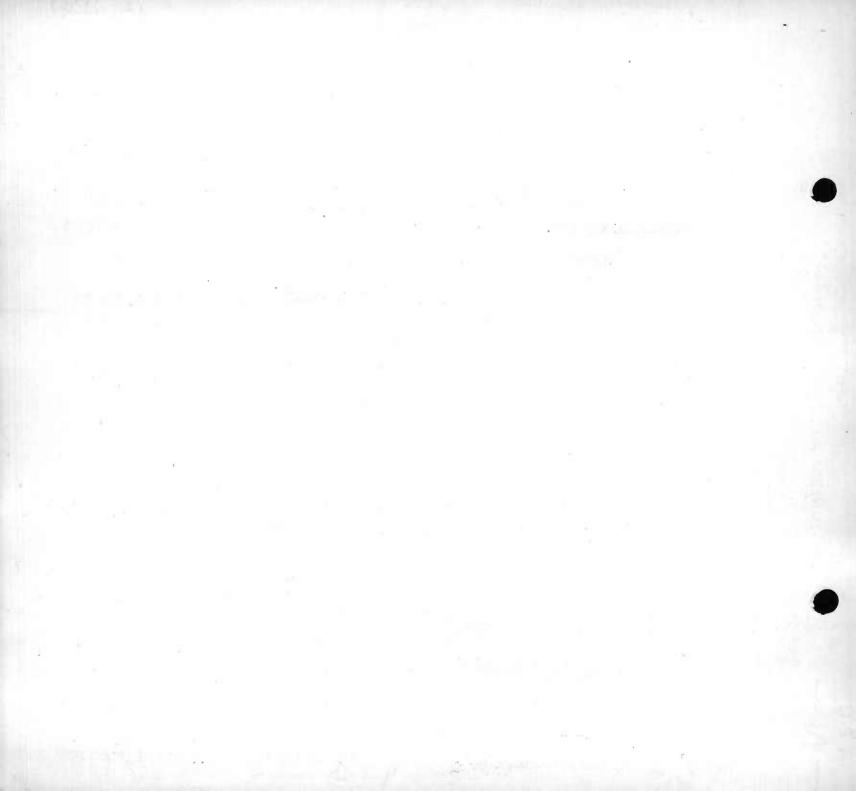


IMPORTANT



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

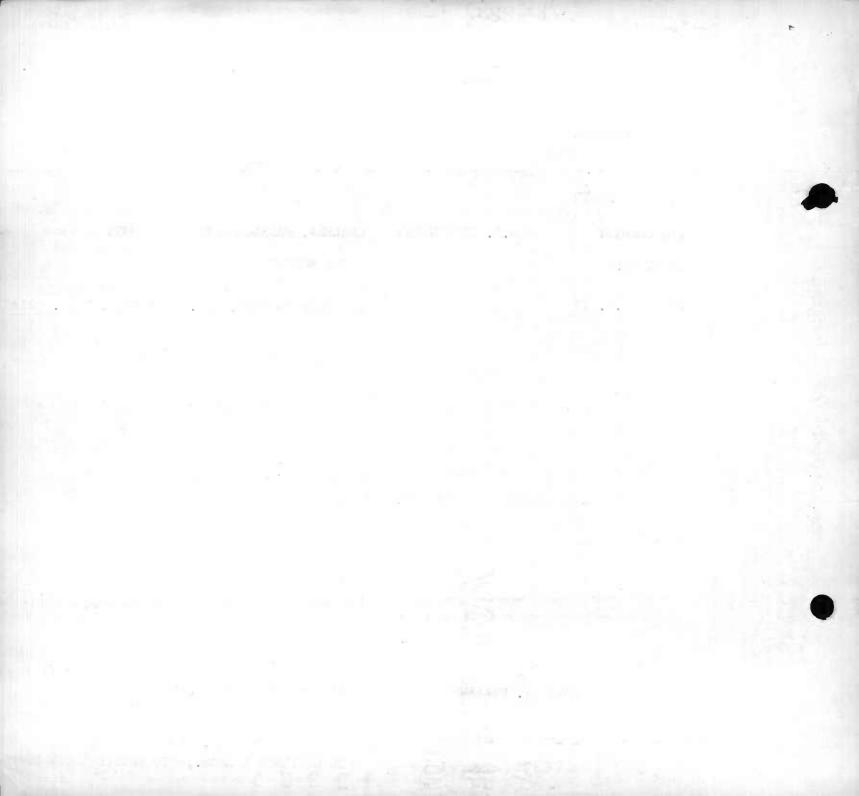


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	71	2236	BALTIMORE CITY HE	ALTH DEPARTMENT	71 2236
(-500 N	MEDICAL E		CERTIFICATE OF DEATH REG. NO.	
	RTH NO.				
	NAME OF DECEASED	HERBER	T	2. DATE Known Month Doy	Yeor Hnur
(1)	Se of Filmy	Sidney Co	hen	OF DEATH Estimoted	M.
4.	PLACE IN BALTIMORE, MARYLAI	ND, WHERE PROM	NOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FUL			TION, GIVE STREET	PRONOUNCED DEAD	71 2.15 -
HO	SPITAL ADDRESS OR INSTITUTION	LOCATION)		3 1	71 3:15 p M.
O.K	^ ^			5. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE 8. COUNTY	
(4000 G	lengvle Av	re., APT. E	Maryland	7710
6.	SEX 7. RACE		NEVER MARRIED	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
				n.111	
_	male white	WIDOWED			YES NO L
У. [GE (In years If irthday) Ma	Under I Yr. If Under 24 Hrs. onths; Doys; Hours; Min.	E. STREET AND NUMBER	
	5			4000 Glengyle Ave., A	Int. E
11.	BIRTHPLACE (State or foreign coun		CITIZEN OF	13. FATHER'S NAME	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-			WHAT COUNTRY?		
	BALTIMORE, MARYLAN		USA	NAMI COHEN	
14A	.USUAL OCCUPATION (Give kind of during most of working life, even il re	work 14B. KIND O	F BUSINESS OR INDUSTR'	15. MOTHER'S MAIDEN NAME	
3011	DELIVERY		CAIL	LENA ?	
16	WAS DECEASED EVER IN U.S. A		17. SOCIAL		ADDRESS
(Yes	, no or unknown) (If yes, give wor or	dotes of service)	SECURITY NO.		
1	NOOV		579-03-1754	MRS. NAOMI COHEN, 4000 GLENO	SYLE AVE., APT. E
	19.	1	CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		1			BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION				
	LEADING TO DEAT		(A)IMMEDIATE C	AUSE Gunshot wound of head	
	(This does not mean the mode heart failure, asthenia, etc. It mea		DUE TO, OR	AS A CONSEQUENCE OF:	
	injury or complication which cous				200
	ANTECEDENT CAUS		(B)		
	RISE TO THE ABOVE CAUSE (A	F ANY, GIVING	DUE 10, OR	AS A CONSEQUENCE OF:	
-	UNDERLYING CONDITION L	AST.	(a)		
Ó			(c)		
CERTIFICATION	11				
O	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED	ED TO THE TERMINA	G AL		
三	DISEASE OR CONDITION GIVEN		***************************************		
8	20A. DATE OF OPERATION 20B.	CONDITION FO	R WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
Ü	0				
닏	22A. EXTERNAL CAUSE WAS	1000			no
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING ♥ OR CONTRIB-	hor	ne. form. foctory, street, office	in or obout 22C. WHERE DID (If in Soltimore City, give a bldg., etc.) INJURY OCCUR?	xoct (ocation)
0			home	4000 Glengyle Ave.	7 2.0
L LUI	UIIING LI CAUSE OF DEATH.			1 4000 Glengyle Ave.	The second second
Z	22D. TIME (Month) (Doy)	(Year) (Hour)	22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	OF INJURY (Month) (Doy)	(Year) (Hour)	22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
Σ	OF INJURY (APPROX.) 3 1 71	(Year) (Hour)	22E. INJURY OCCURRED		
Σ	22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 1 71 23.	? p. m.	22E. INJURY OCCURRED WHILE AT WORK AT W	while shot self	
Σ	OF INJURY (APPROX.) 3 1 71	? p. m.	22E. INJURY OCCURRED WHILE AT WORK AT W	22F. HOW DID INJURY OCCUR?	y apinion
Σ	22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 1 71 23. 1 certify that 1 held ar	? p. m.	22E. INJURY OCCURRED. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	while shot self and that on this basis, death in m	
Σ	22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 1 71 23.	? p. m.	22E. INJURY OCCURRED WHILE AT WORK AT W	while shot self and that on this basis, death in m be Hamicide Undetermined monner	
Σ	22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 1 71 23. 1 certify that I held ar resulted fram: Natura	? p. m.	22E. INJURY OCCURRED. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	shot self apsy and that on this basis, death in m be Hamicide Undetermined monner CHIEF MEDICAL EXAMINER	
Σ	22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 1 71 23. 1 certify that 1 held ar	? p. m.	22E. INJURY OCCURRED. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	22F. HOW DID INJURY OCCUR? Shot self tapsy and that on this basis, death in m Hamicide Undetermined monner CHIEF MEDICAL EXAMINER	
Σ	22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 1 71 23. I certify that I held ar resulted fram: Natura ACTUAL SIGNATURE	? p. m. Inquiry []	22E. INJURY OCCURRED. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	22F. HOW DID INJURY OCCUR? Shot self tapsy and that on this basis, death in m Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
Σ	22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 1 71 23. I certify that I held ar resulted fram: Natura ACTUAL SIGNATURE	? p. m.	22E. INJURY OCCURRED. WHILE AT NOT AT WORK AT W Inspection X Au Accident Suicic M.D. Z, M.D.	22F. HOW DID INJURY OCCUR? Shot self tapsy	
24/	22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 1 71 23. I certify that I held ar resulted fram: Natura ACTUAL SIGNATURE EXAMINER'S We'rne NAME (Type) A. BURIAL CREMATION, 248. D.	? p. m. Inquiry I	Company Course Course	22F. HOW DID INJURY OCCUR? Shot self tapsy	DATE SIGNED 3/2/71
24/	22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 1 71 23. 1 certify that I held ar resulted fram: Natura ACTUAL SIGNATURE EXAMINER'S We'rne NAME (Type) A. BURIAL CREMATION, 24B. DA	? p. m. Inquiry I	22E. INJURY OCCURRED. WHILE AT NOT AT W Inspection Au Accident Suicic M.D. Z, M.D.e. Dep 24C. NAME of CEMETERY	22F. HOW DID INJURY OCCUR? Shot self topsy ond that on this basis, death in m CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER CUTY CHIEF Medical Examiner PROGRESSIVE 24D. LOCATION (City, 10)	DATE SIGNED 3/2/71 wn, or county) (Stole)
24/	22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 1 71 23. I certify that I held ar resulted fram: Natura ACTUAL SIGNATURE EXAMINER'S We'rne NAME (Type) A. BURIAL CREMATION, 248. D.	? p. m. Inquiry I	22E. INJURY OCCURRED. WHILE AT NOT AT W Inspection Au Accident Suicic M.D. Z, M.D.e. Dep 24C. NAME of CEMETERY	22F. HOW DID INJURY OCCUR? Shot self tapsy	DATE SIGNED 3/2/71 wn, or county) (Stole)
24/ RE	22D. TIME (Month) (Doy) OF INJURY (APPROX.) 3 1 71 23. 1 certify that I held ar resulted fram: Natura ACTUAL SIGNATURE EXAMINER'S We'rne NAME (Type) A. BURIAL CREMATION, 24B. DA	? p. m. n Inquiry n n n n n n n n n	22E. INJURY OCCURRED. WHILE AT NOT AT W Inspection Au Accident Suicic M.D. Z, M.D.e. Dep 24C. NAME of CEMETERY	22F. HOW DID INJURY OCCUR? shot self topsy	DATE SIGNED 3/2/71 wn, or county) (Stote) MARYLAND ADDRESS

and the second second CALLE SIGNATURE SELECT SERVICES AND AUGUST STATES All The Control of the Party of

71 2237 BALTIMOR	RE CITY HEALTH DEPARTMENT
CERTIF	FICATE OF DEATH REG. NO. /1 2237
1. NAME OF DECEASED (Type or Print) MORRIS GREEN	MARCH 3, 1971 5 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY MARYLAND 2 7 2 0
HOSPITAL OR ADDRESS OR LOCATION) SINAI HOSPITAL	C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER
7 2	3823 MENLO DRIVE
5. SEX 6. RACE 7. MARRIED X NEVER MARRIE MALE WHITE WIDOWED DIVORCE	AUGUST 12, 1910 60
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INC done during most of working life, even if refired) BIO CHEMIST U.S. GOVERNMEN	T CHELSEA, MASSACHUSETTS USA
HARRY GEEN	IDA SCHNEIDERMAN
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no of unknown) (If yes, give war ar dates of service) YES W.W. II	TORF FUNERAL HOME, INC. BROOKLINE, MASS. 02146
heori failure, osthenia, etc. II means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	ATE CAUSE Mye cardial Tolar of Mineral Months of As A CONSEQUENCE OF: OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Visites Mollitan your
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	N 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR	LY (e.g., in ar about 21 C. WHERE DID (If in Baltimare City, give exact location) street, affice bldg., INJURY OCCUR?
21D.TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURR OF INJURY While At \(\text{N} \) N	RED 21F. HOW DID INJURY OCCUR?
22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an	
and haur and fram the causes stated above. (1) (We) (did (did	Attending Med. Shoff 238, DATE SIGNED Phys. Med. Phys. March 4, 1971
23C. PHYSICIAN'S NAME (Type) DAVID I. MILLER	9115 REISTERSTOWN ROAD OBCORREE DWG M. ((5) M. ()
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	f or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL-BURIAL 3-7-71 ONIKCHTY 25A. DATE REC'D BY HEALTH DEPT. AR 8 ONIKCHTY 25B. NAME OF REGISTRAR	MELROSE, MASSACHUSETTS SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD
VS 150-REV. 1/1/68	1 1 2 2 3 0



IMPORTANT

FUNERAL DIRECTOR:

T.10.	.) 71	2238	BALTIMORE CITY	HEALTH DEPARTMENT		1*1.4
-40C			CERTIFICA	TE OF DEATH	REG. NO.	/1 2238
Type or Print)	TOLL, SAM	UEL			MARCH 2 1	971, 900 AM
3. PLACE IN BA	LTIMORE MARYLAND, V		INCED DEAD		ero doceosed lived. If in	nstitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	TAL OR INSTITU	ITION, GIVE STREET	MD.		2741
NOILITEN	MEMORIA	HOSE	PITAL	BALTIMORE		YES NO
UNION	MEMORIN	11031	11/1/	E. STREET AND NUMBER		IE3 NO L
74				3506 Rose	KEMP AVE	
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Ye. If Under 24 His.
MALE	WHITE	WIDOWED		12-24-00	1 /0	Months Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind of work working life, even if istired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of for	reign country)	12. CITIZEN OF WHAT COUNTRY
	READ BUYER	DEPART	MENT STORE	RUSSIA		U.S.
3. FATHER'S NA				14. MOTHER'S MAIDEN NA	AME	
EL	LIS KONXK	TOLCHINS	KY	JEN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	& UNKNO	wN
5. Wos Deceoses	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
XXXXXXXX		es of solvicor	216-03-3365A	MRS. SOPHIA	Tou	CHAR AS ARAME
1B. 4 9	* *		CAUSE OF DEAT		TOLL	SAME AS ABOVE
DISEA	SE OR CONDITION DI	RECTLY	GROSE OF DEATH	•		BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE HEADT	FAILURE	1 4
(This does	not meen the made of osthenia, etc. It means	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	1114014	l mchtq
injury or cor	mplication which coused	deoth.)				
	ANTECEDENT CAUSES		(0)	MYOCADDIA) 1	NSU FFICIEN	cv S
DISEASES (OR CONDITIONS, if	any, giving	DUE TO, OR AS	MYOCARDIAL I	V Soct / Tete/V	
tise to the	e above cause (A) G CONDITION last.	staling the	(c)			
	11		(0)			
OTHER SIGNII	II FICANT CONDITIONS CO	NTRIBUTING				
TO THE DEAT	TH BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL	**************	······································		*********
19A-DATE OF	F OPERATION 198. CON WAS PER	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING	1 21B, I	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	III In Rollimor	e City, give exoct location)
OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF medical examines	home	, form, foctory, street, af	ice bldg., INJURY OCCUR?	p. in bonnio	a cut, dias avect lecotton)
	(Month) (Doy) (Year)		INJURY OCCURRED	0.5		
OF INJURY	(Monin (Doy) (120)		At Work	21F. HOW DID IN	JURY OCCUR?	
(APPROX)		Walk				
22. I certify	that (1) (this hospital	attended the	deceased from Fe	6,27	19 7/ to Nox	h 2 1971
that (1) (we)	lost sow the deceose	d olive on	March 2	19 <u>7/ond</u> t	hot In (my) (our) op!	nion death occurred on the date
ond hour on	d from the couses stot	ted obove. (I)	(We) (did)(did not) v	lew the body ofter deoth.		
23A. SIGNATU	JRE	0				23B, DATE SIGNED
To	trus 6	The -	Atter DEGREE Phys	nding Med.	Staff Phys.	March 2,71
23C. PHYSICIA NAME (1	(vno)		DEGREE	3D. ADDRESS	,	4 16
1100015	Tohru	OHE		Union	(emorie	at Hospital
4A. BURIAL CRE		24C. NA	ME of CEMETERY OF CRE	• • • • • • • • • • • • • • • • • • • •		ty, lown, or county) (State)
BU	MATION, 24B. DATE Specify) IRIAL 3-4-71		JK AMUNO (ARL		LTIMORE, MAR	YLAND
	BY HEALTH DEPT.	25B NAME OF				
MAR 8		E Jalle		SOL LEVINSON	& BROS., 601	O REISTERSTOWN ROA
S 150-REV. 1/1/		AL ALTORY		0 9 2 3	A. C.	

SATISHER SANGMAN MANUAL

MALLE WALTE

4.031753

L-LIS TOLL

0.0763000

New Const.

RUSSIA

virilla i i e centi

JEANNE CARROLL

NASCONE MAN TO SEE THE PARTY.

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THO LIVE

Western Melmon

VS 150-REV. 1/1/68

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IMPORTANT

DIRECTOR:

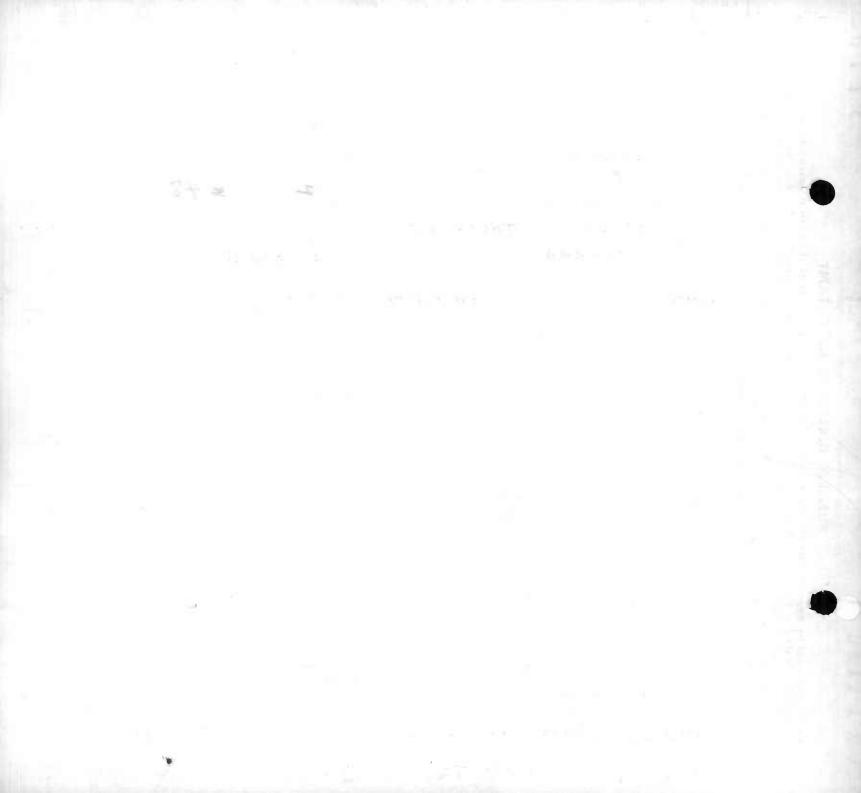
FUNERAL

#64

7

39-18-80

	∩ -13 ·	BALTIMORE CITY	HEALTH DEPARTMENT	71 22/4			
BII	10 563 71 22A	CERTIFICA	ATE OF DEATH REG. No.				
	NAME OF DECEASED		2. DATE AND HOUR OF DEATH				
(Ty	pe or Printl William Conrad		March 2, 1971	1 7:52 A M.			
11	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE & COUNTY Maryland Baltimore	titution: residence before admission)			
FL	OSMITAL OR ADDRESS OR LOCATION SALTIMORE City Hospitals	INSTITUTION, GIVE STREET		5500			
lin	STITUTION CITY HOUSE			E CITY LIMITS?			
	partimore city mospitals			YES NOX			
	940 Eastern Avenue		E. STREET AND NUMBER				
	Baltimore, Maryland 212		185 Long Beach Road 212				
		RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lost birthday)	Months Doys Hours Min.			
1	lale White WHO	WED DIVORCED	11-21-22 50 48				
	LUSUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreign country	12. CITIZEN OF WHAT COUNTRY?			
do	ne during most of working life, even if retired)	TRUCKING	Maryland	U.S.A.			
12	FATHER'S NAME	MUCKING	14. MOTHER'S MAIDEN NAME				
111	George CONAAD		Pauline KING				
15.	Was Deceased Eyer in U. S. Armed Forces?	16 SOCIAL	17. INFORMANT 4940 Eastern	AMONIADDRESS			
14.9	s, no or unknown) (If yes, give war of dates of se		BCH: Records Baltimore, Ma				
1	INK	218-18-6174					
	18. 291,01	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY		 , 3	,			
	LEADING TO DEATH	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	7 days			
	(This does not mean the mode of dying, heart failure, asthenia, etc., it means the di	DUE TO, OR AS	A CONSEQUENCE OF:				
	injury or complication which coused death.						
	ANTECEDENT CAUSES	3 €	Lesso Legalie errophaly	patty Idays			
	DISEASES OR CONDITIONS, If any,	DUE TO, OR AS	A CONSEQUENCE OF				
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (c) ? 2) T's ? anoxic wis	ult 7 days			
No	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING					
ľĔ	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL					
10	19A. DATE OF OPERATION 1198. CONDITION	FOR WHICH OPERATION	20A AUTOPSY? (Yes or No! 208, IF YES, WERE FI	INDINGS CONSIDERED			
ENTE	3/1/71 WAS PERFORMENT TESPICATION		Yes IN CERTIFYING CAU	YES OF DEATH?			
1 5	21 A ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., home, form, foctory, sheet, o		City, give exect location)			
2	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	home, form, foctory, street, o	flice bldg., INJURY OCCURY				
ő							
103	OF INJURY Month) Doy) (Year) House		21F. HOW DID INJURY OCCUR?				
18	(APPROX)	While At Work At Work	le 🔲				
	22. I certify that (1) (this hospital) atter	ded the deceased from	2/20 197/19 3	/2 19 7/			
		0/-	,				
	that (1) (we) last saw the deceased allv		19 7/ and that In(my) (our) opin	ian death occurred on the date			
	and haur and from the causes stated abo	ove. (I) (WS) (did) (didnet)					
	23A. SIGNATURE			238, DATE SIGNED			
1	Hernhome	e OL.	anding Med. Staff Phys.	3/2/71			
	23C. PHYSICIAN'S	DEGREE FA	23BaPPMore ity Hospitals	77-77			
	Henry Herrera			M			
_		DEGREE	4940 ^E astern Avenue ^B altimon				
24	A. BURIAL CREMATION, 248 DATE REMOVAL (Specify)	24C.NAME of CEMETERY or CR		y, town, or county! (State)			
	BURIAL 3/5/71	HOLLY HIL	L BALTO, n	1 D.			
25	A. DATE REC'D BY HEALTH DEPT. 258, N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
	MADO TOTT PLACE A 3	Bear H. D. C.	0 6 B B 00/1/2 00	anone a Ball			
	INTIMITY IS TO THE PARTY OF THE		JAMES (SINGLES) A	CO MARK TEST			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

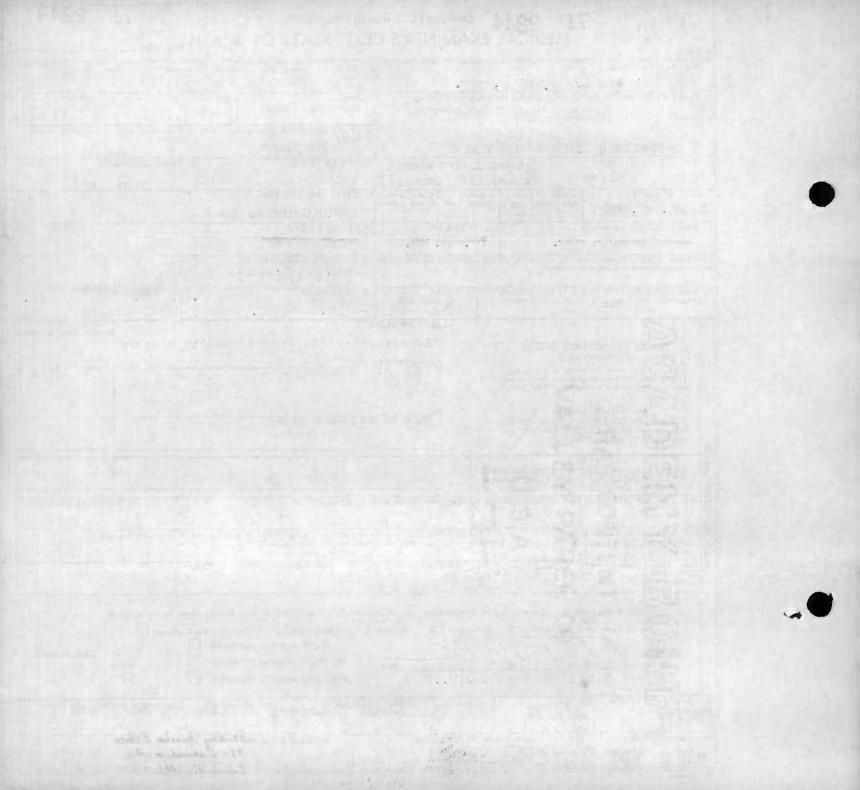
0	films		BALTIMONE CITY	HEALTH DEPARTMENT	V	
HRTH NO.	6 71	224	2 CERTIFICA	TE OF DEATH	REG. NO	71 2242
NAME OF DEC	EASED			2. DATE	AND HOUR OF DEATH	н
Type or Print)	Thelma Sch				March 2,	7977 1 7.77 70%.
PLACE IN BAL	TIMORE MARYLAND.			4. USUAL RESIDENCE (V	Vhere deceased lived. If	institution maidence before admission
				A. STATE B. CO	UNTY	£ 2 // /
TULL NAME OF	ADDRESS OR LOC	CATIONI	TITUTION, GIVE STREET	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
0 0				Balto		YES NO
37	MERCY HOSPIT	TAT		E. STREET AND NUMBER	\$	
	MIMOI ROSPI.	TWT		111 McCo	rmick Ave	
SEX	6. RACE	7- MARRI	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His.
F	W	WIDOW		12-28-97	73	
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IState of	loreign country)	12 CITIZEN OF WHAT COUNTRY
_	working life, even if refired		Education	Balto, M	đ	II C A
Custo		Rarro	. City Bd. of		C.	U.S.A.
FATHER'S NA	WE			14. MOTHER'S MAIDEN	MAME	
Andr	rew Walz			Minnia Solv	reck	
	Ever in U. S. Armed F.	orces?	1 6 SOCIAL	17. INFORMANT	- COA	ADDRESS
	(If yes, give wat or da	tos of servic		M	133 W-G	23.006
No 18. 2 5			CAUSE OF DEAT		an III McCorn	mick Ave. 21206
other signif	OR CONDITIONS, IF above cause (A) CONDITION last. Il CANTICONDITION CONTINUES CONTINU) stating !	(c)	eme As cu A consequence of: Shefter m	ellibus.	
DISEASE OR C	ONDITION GIVEN IN PA	ART 1 (A).		20A. AUTOPSYZ (Yes on Yes	No. 208, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF	NA WAS HAID FRENCHS		218. PLACE OF INJURY le.g., i		Mile Baltin	City who went to the
OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF medical examined		home, larm, lactory, street, o	fice bidg, INJURY OCCUR	?	ore City, give exect location)
21D. TIME OF INJURY	(Month) (Doy) (Yea	d Houd	21E INJURY OCCURRED	215 HOW DID	INJURY OCCUR?	
OF INJURY			While At T Not While	• 🗖		
	d (1) (d) t- 1 to	-1\ -444-		2 / 2	19 7 / to 3	12/7, 7.11 8279
	last saw the decea		d the deceased from 71			pinion death occurred on the dot
			. (1) (We) (did) (did not)		•	
23A. SIGNATE	JRE ^					238, DATE SIGNED
	Prehi	me	Bose Ath	ending Med.	Staff Phys.	3/3/11
23C.PHYSICIA	ANS PRAT	IMA	DEGREE	23D. ADDRESS	ey Hos	pitel.
A. BURIAL CRE	MATION, 24B, DATE	240	NAME OF CEMETERY OF CR	EMATORY 240	LOCATION ((State)
Burial	3-6-	71 0	edar Hill Cemet	tery	Baltimore	Md
MAR Q	1077 C.R.	. 258. NAA	A REGISTRAR	25C, FUNERAL DIREC		ADDRESS
ment O	المال المالية	4- 444		O Lassahh Film	eral Home 74	Ol Belair Rd. 21236

10 Stee 10 10 10

0-420 71 2243 CERTIFICA	ATE OF DEATH		
BIRTH NO.	ATE OF DEATH	REG. NO	71 2243
Type or Print)	2. DATE AND 3-2-	HOUR OF DEATH	15
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where	eceased lived If in	titution: residence before admiss
S. FEACE IN BACILIMORE MARIEAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	cccasca nveda ii ins	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	ma		7831
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OF TOWN	D. INSI	DE CITY LIMITS?
Pleasant Manor Nursing Center 9 4615 Park Heights Aue.	Jalla		YES NO
174615 VARK Heights AUC.	E. STREET AND NUMBER		
0	6311 Bugs	Zon Civ	٩
S. SEX 6. RACE 7. MARRIED NEVER MARRIED		AGE (In years birthdoy)	If Under 1 Yr. If Under 24 Months! Doys Hours! Mir
F 36 WIDOWED DIVORCED	6/5/06	official of the second	ivioninas Doys (1001s) ivin
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUN
done during most of working life, even if retired)	1		USa
Sales Today	300		01300
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Four	1 LOA		
S. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	11/2 - 00 >	1	
NO - 161-07-661		K	1 1000000000000000000000000000000000000
72 /19	AIH .		BETWEEN ONSET AND DE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		D	Α
(A) IMMEDIATE CA		- tanke	as dros
heart foilure, osthenia, etc. It means the disease,	S A CONSEQUENCE OF:		
injury or complication which coused death.)			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	AS A CONSEQUENCE OF:		
rise to the above couse (A) stating the			
UNDERLYING CONDITION lost. (C)			
z			
O THE DEATH BUT NOT RELATED TO THE TERMINAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	~~~		
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	OB. IF YES, WERE F	INDINGS CONSIDERED SES OF DEATH?
198. CONDITION FOR WHICH OPERATION WAS PERFORMED Lapartany.	hy -	OB, IF YES, WERE F N CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED Life to 1977 - 1977 - 1978 -	in or obout 21C. WHERE DID		INDINGS CONSIDERED SES OF DEATH? City, give exect locotion)
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or contribution) 21A. OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF	hy -		
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21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED Was under the control of the c	, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in 8oltimare	
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16/5/2

	(1) 1/1	7*	71 /	224		AORE CITY HE					71	2244
0	0-/60		MED	ICAI	EXAM	INER'S	CERTIFI	CATE OF	DEAT	H REG. NO.		
1.	NAME OF DEC		PH A W				2. DATE OF	Knawn Estimated	Manth	Day	Year	Hnur
4.	PLACE IN BAL					DEAD	3. DATE	Estimated [7]	Manih	Day	Year	Havr
	LL NAME OF	(IF NOT	IN HOSPITA	L OR INS	TITUTION, GIVE	STREET	PRONO	UNCED DEAD	Marcl	1 2,1971		1312 hrs
OF	MAR	YLAND G			PITAL		A CTATE	ESIDENCE (When	e deceased l	B. COUNTY	n: residence i	pelare admission)
	SEX	7. RACE			RIED NEVE	R MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?	00
	Male	White		WIDOV	VED 🗌	DIVORCED	Balt	imore		Y	ES 🖾	NO 🗆
2	Sept. 5	,1907	10. AGE (In last birthday	Yeors 64	If Under I Yr. Manths Days	If Under 24 Hrs. Haurs Min.		O Colborn	e Road			
11.	BIRTHPLACE(S	more,			12. CITIZEN WHAT CO		13. FATHER Hug	o Weber				
dor	A.USUAL OCCU ne during most of w	PATION (Give orking life, eve	kind of work on ifrelired)	48. KINE	OF BUSINES	S OR INDUSTRY		R'S MAIDEN NA llipinn				
16. (Ye	WAS DECEASI	ED EVER IN U	J.S. ARMED ar or dales	FORCES of service	17. 500 SEC	URITY NO.	18. INFOR	MANT Mary H.	Balte	r-4010	DDRESS at	nd21229
	19.26 1 "	4.				AUSE OF DEA	TH		7 6 5 6	7010	AP	PROXIMATE INTERVA
	1	E OR CONDI		CTLY				tic cardi	ovascu	lar dise	ase	EEN ONSET AND DEA
	(This does no heart failure,	ot meon the a asthenia, eic. aplication which	mode of dyl	diseose.		DUE TO, OR	S A CONSEC	UENCE OF:				A-040-Favasasasas
2	DISEASES O	NTECEDENT OF CONDITION ABOVE CAU	CAUSES ONS, IF ANY			(B)	AS A CONSE	QUENCE OF:		*****************		
CERTIFICATION	TO THE DEA	IFICANT CON TH BUT NOT CONDITION (RELATED TO	THE TERM	ING							
CERTI						OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No) yes
EDICAL	22A. EXTERNUMBERLYING		RIB-		22B. PLACE O hame, farm, lac	F INJURY (e.g., street, affice	In ar oboui 2 bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(if In Boltima	re City, give exc	act location)	
Σ		Month) (Do		(Hou	WHILE AT		WHILE C	2F. HOW DID IN	JURY OCC	JR?		
	23.				m. WORK							
E		fy that I he		quiry L	•		opsy 🔀	and that on t				
	result	ed from: No	fural caus	es X	Accident	Suicid				ned monner [
	ACTUAL	11/	ul	21	11/		ASSI	CHIEF MEDICAL				DATE SIGNED
	SIGNATU EXAMINE NAME (T	R'S Ron	ald N.	Kori	nblum,M.	. D .		CIATE MEDICAL			3/3/7	1
RE	A. BURIAL CREM MOVAL (Specif	ATION, 24	B. DATE			of CEMETERY		RY 24D.	LOCATION	(Cily, tawr	n, or county)	(State)
100	urial		3/6/7	1		Cathedr				are l	arulo	ind
25	A. DATE REC'D	PI HEALIH D	A A P	25B. N	AME OF REG	STRAR	25C, F	UNERAL DIRECT		Innetal A Amondson c		
VS	151-REV. 1/1/68	STATE OF	ما كالميان ال	dans	15 15 CA	1) 1	7 7	2 4 3	Catorin		1228	
				F.	3 3	40,07		4-2				



1	1-5/6	7	-	240		MORE CITY HE			E DEAT	u	71	2245
BI	RTH NC.		MLD	CAL	. LAMIY	AINER'S	LEK HIFIC	CATEO	FUEAT	REG. NO.	,	6640
1. (Iv	NAME OF DEC	EASED					2. DATE	Known 🔯	Month	Doy	Yeor	Hnur
			John L	amper	-		OF DEATH	Estimoted [<u></u>			М.
	PLACE IN BAL						3. DATE	INCED DEAD	Month	Doy	Yeor	Hour
HC	SPITAL	ADDRE	SS OR LOCAT	ION)	TITUTION, GIV	E STREET			3	1 7	1	1:40 p M.
0	I//						5. USUAL RE A. STATE	SIDENCE (Who		ed. Il institution: B. COUNTY	residence b	pefore odmission)
Ļ	76		ran Ho				D	elaware		505	SEX	V-09
6.	SEX	7. RACE	3 1		NEV NEV	ER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
_	male	white		WIDOV		DIVORCED .		Seaford		YE	s 🗗 t	NO O
9.	DATE OF BIRTH	1600	10. AGE (in losi birthdoy		If Under 1 Y: Months: Doy	r, Il Under 24 Hrs. s ₁ Hours ₁ Min.	E. STREET A	ND NUMBER				
1-	LB/6	1923		48		1 1		West Man	or Apts	. #32		
11.	BIRTHPLACE(S				12. CITIZEN WHAT C	OF OUNTRY?	13. FATHER'		^	(2.4	2 1 2	~~
	TND	IANA	}		115	1-K	KEU.	ORVILI	止 代	Hy LI	Ample	ER
don	eduring most of w	PATION (Give orking lile, eve	en it relired)			SS OR INDUSTR	15. MOTHER					
(ENGIN			ITE CA		1+AZE		MAGN	AN LA	AUN P	35
(Ye	WAS DECEASE s, no or unknown)	(If yes, give w	or or doles	FORCES f service	7 17. SO	CURITY NO.	18. INFORM					SAFORA,
_	YES	iupa				-18-7110	KITTU	x mit	50175E	TLAM	Pen.	DEL
	19.41	41				CAUSE OF DEA	TH	U				PROXIMATE INTERVAL EEN ONSET AND DEATH
		OR CONDI		TLY								
	A	EADING TO				(A)IMMEDIATE			rotic c	ardiovas	cular	disease
	heart follure,	of meon the in osthenio, etc., plication which	li meons the	diseose,		DUETO, OR	S A CONSEQU	JENCE OF:				
	injury or com	piconon which	u consed deo	11.7							1.0	
		TECEDENT C				(B)						
	RISE TO THE	R CONDITIO	ISE (A) STATE	GIVING NG THE		DUE 10, OK	AS A CONSEC	UENCE OF:				
Z	UNDERLYIN	G CONDITIO	ON LAST.			(c)						************
E	OFFICE COAL		11									
0	TO THE DEA	TH BUT NOT	RELATED TO 1	HE TERM	INAL							
CERTIFICATION		CONDITION				OPERATION W	5 5555551					
CE	DAIL OF	OF EKA IIO	200. CON	DITION	FOR WHICH	OPERATION W	S PERFORMI	EU			21. AUTOF	PSY? (Yes or No)
7	22A. EXTERN	NAL CAUSE V	A/AC		228 DI ACE (DE INITITION/	1 100	C MUEDE DIE	- tn - 0 1		ye	es
EDIC,	UNDERLYING	OR CONT	RIB-		home, form, lo	OF INJURY (e.g., octory, street, office	bidg., etc.) IN	JURY OCCUR?	(il in Boltimor	e City, give exac	location)	
ME	UTING CAL	JSE OF DEAT Month) (De		/Hau	1 1225 151111	av Occupato	22	E HOWEN	ALLIEN COOL	100		
	OF INJURY (APPROX.)	monny (in	- , (1601)	fuon	WHILE AT	RY OCCURRED.	WHILE C	F. HOW DID II	NJURY OCCU	IK?		
6	23.				m. WORK	L AT W	ORK L					
		fy that I he	ld on In	outry [Inspe	ction 🗌 Au	onsy 🕅	and that an	this basis	death in mu a	ate to a	
		ed from: No		Specially.	Accident			micide				
					Accident	Joicio		HIEF MEDICAL		ed manner		
	ACTUAL	- 11/2	wil	1	76		ACCIC	TANT MEDICAL				DATE SIGNED
	SIGNATU		7, 10		15	M.D	•			H		
	NAME (T)	(pe) Wei	rner U.	Spi	tz, M.I	D. De	puty Ch	ciate Medical ief Medi	cal Exa	miner	3/2	2/71
24. RE.	A. BURIAL CREN	IATION, 24	B. DATE			E of CEMETERY	or CREMATOR	RY ./ 24D	LOCATION	(City, town,		(SKOVE)
1	DURI	34	3/4/7	/	STA	LUKE	S Cen	metery	<u> </u>	leafe	d	1200
125	MAR 8	BAT D	Poles	258, N	AME OF REC	GISTRAR	2500	UNERAL DIE	100	AD.	DRESS	(00)
VS	151-REV. 1/1/68				1	0	0 2	a curi	11. CCU	armin's	The state of the s	al maxil

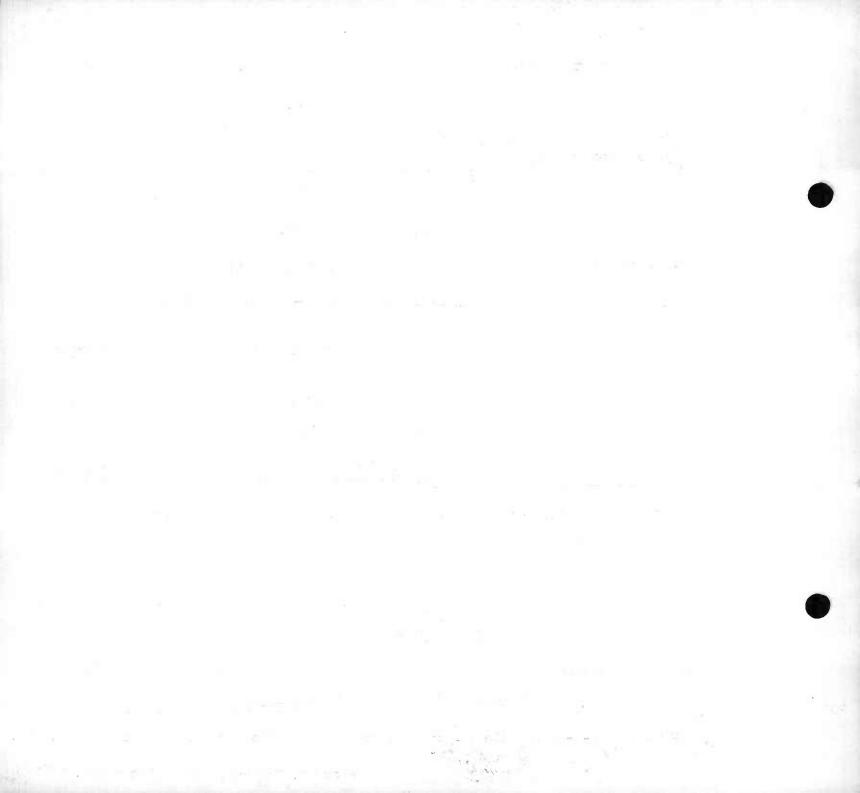
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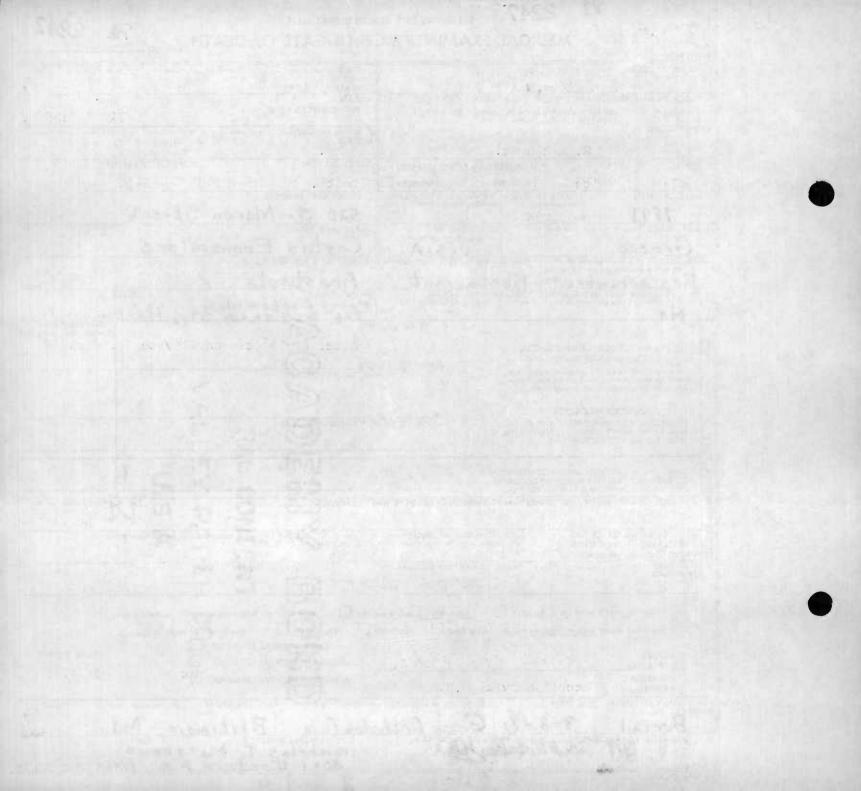
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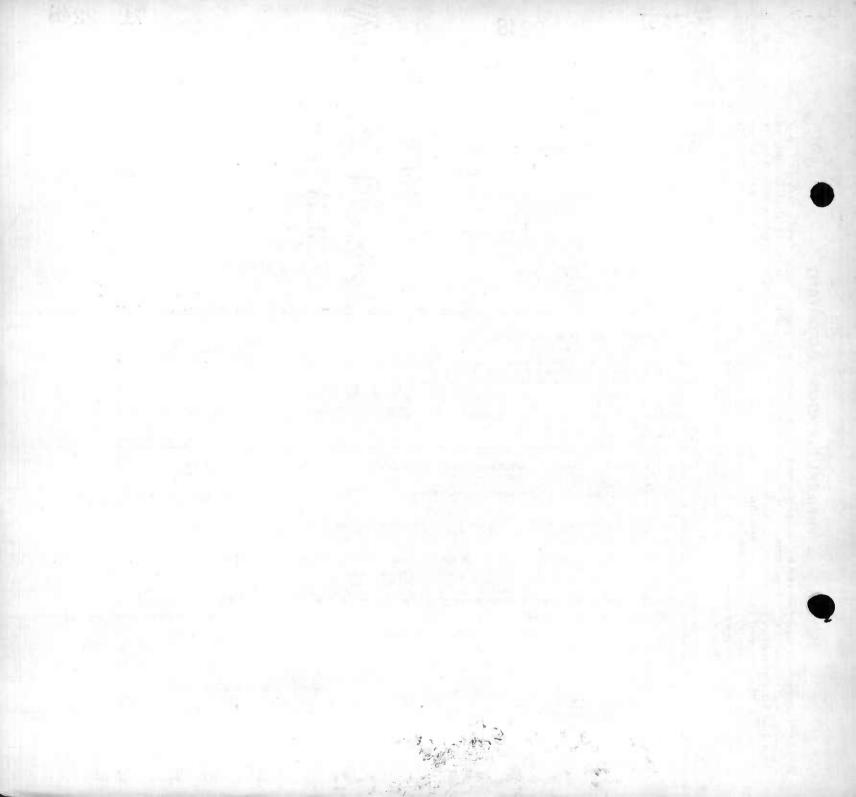
T = nn			HEALTH DEPARTMENT	V	10.4				
1-520 71 BIRTH NO.	224	G CERTIFICA	TE OF DEATH	REG. NO	71	2246	-		
1. NAME OF DECEASED (Type or Pant) Virgil T				b. 26, 1971	1	4 PI	M.		
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COUN	re deceased lived Il in	stitution; tesic	dence belore	admissian		
FULL NAME OF HOSPITAL OR ADDRESS OR LOCALINGTITUTION	AL OR INSTIT	UTION, GIVE STREET	Va.		IDE CITY LIMI	4 :	3		
	avai a a II.	- cmidal	Tangier I	sland	YES T	NO			
US Public Health Ser 2 × 3100 Wyman Parkwa		ospital	E. STREET AND NUMBER						
5. SEX 6. RACE W	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 1/1/12	9. AGE (In years lost birthday)	II Under 1 Months Do	Yr. II Und	er 24 Hrs Min.		
10A. USUAL OCCUPATION (Give kind al work dane during mast af working life, even if retired) Wiper	108, KIND OF	Business or industry Seafarer	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN	OF WHAT	COUNTRY		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME					
Ed. L. Thomas			Cora Crock	ett					
15. Was Deceased Ever in U. S. Armed Forc (Yes, no ar unknown) (II yes, give wor or dates	es? ol service)	16. SOCIAL SECURITY NO. 229-14-2964	Records- US P	HS Hospita		DDRESS			
18. 15-3,01		CAUSE OF DEATH	1		- 4	APPROXIMATE I	NTERVAL		
DISEASE OR CONDITION DIR	ECTLY					BETWEEN ONSET AND DEATH			
(This does not meen the mode of	dving. e.g.	(A) IMMEDIATE CAU		S		9 days			
heort foilure, asthenia, etc. Il means injury ar complication which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:						
ANTECEDENT CAUSES	deo III %		Perforation		1	O dorra			
DISEASES OR CONDITIONS, if a	ny niving	(B)	A CONSEQUENCE OF:)11		9 days			
rise to the above cause (A) UNDERLYING CONDITION last,	staling the		oma of cecum	*******************************		Unknow	n		
O OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL		ema dial infarction			Years 5 Year	s		
19A. DATE OF OPERATION 19R COND WAS PERFO Carci	ORMED PE	rich operation of cecum	20A. AUTOPSY? (Yes or No	20B IF YES WERE IN CERTIFYING CAT		NSIDERED			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. ham etc.)	e, form, foctory, street, of	or obout 21C, WHERE DID		e City, give ex	ract locotion)			
O 21 D. TIME (Month! (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
(APPROXI	Whi	le At Nat While							
22. I certify that (I) (this haspital)			Jan. 26	• 71 . Feb	. 26		. 71		
that (1) (we) lost saw the deceased	22. I certify that (i) (this haspital) attended the deceased fram Jan 26 19 71 to Feb. 26 19 71 that (I) (we) lost saw the deceased alive on Feb. 26 19 71 and that in (my) (aur) opinion death accurred on the date								
and haur and fram the causes state 23A. SIGNATURE	d above. (1)	(Me) (919) Agid 404) A	ew the body after death.						
Jamuel P. Mard	mn	Dl	nding Med.	Staff XX	23B DATE S				
23C. PHYSICIAN'S NAME (Type)	11.0.	DEGREE	3D. ADDRESS	rnys.	27.17				
Samuel P. Ward	(Surg	eon,R)	US PHS Hosp	ital, Balto	Ма				
4A. BURIAL CREMATION, 1248, DATE		ME OF CEMETERY OF CRE		CATION (Cit	y, town, ar ca	runty)	(Statei		
Burial 3-5-197		n Haven Cemete		nBurnie, An					
5A. DATE REC'D BY HEALTH DEPT.	25B, NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR			ADDRESS			
/S 150-REV. 1/1/68			Inowaria H. Hubit	maru, 410/ W	TIVEII2	11VC , Z	1447		



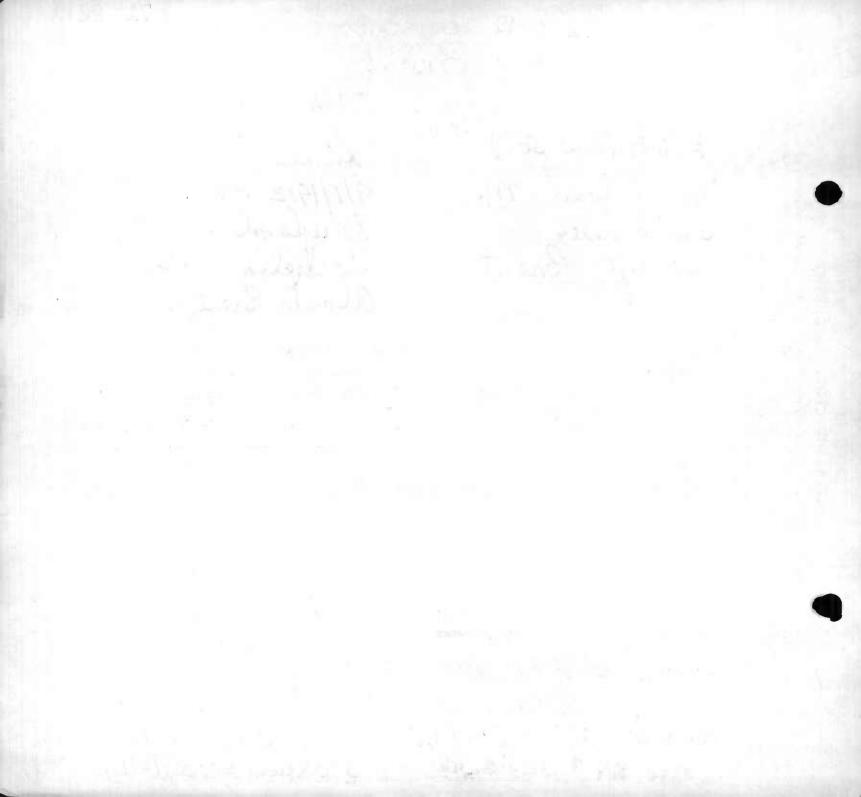
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH.
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CERTIFICATE OF DEATH REGINO	
REG. 140	
2. DATE Known Manth Day	Year Hnur
DEATH Estimated 2 28	71 2:45 pm.
3. DATE Manth Day	Year Haur
PRONOUNCED DEAD 2 28	71 2:45 pm.
	residence belare admission)
Md.	2607
	,
Balto. YES	No 🗆
	4_
13. FATHER'S NAME	
Costas Economides	
15. MOTHER'S MAIDEN NAME	
Anastasia	~ 9948
IB. INFORMANT ADI	DRESS
Harry Econgmides	1-to No (
ATH SICIONATH STIP	APPROXIMATE INTERVAL
	BETWEEN ONSET AND DEATH
Arterioscierotic cardiovasci	itar disease
CAUSE OF OF	
AS A CONSEQUENCE OF:	
AS A CONSEQUENCE OF:	
	7 37 10 50
VAS PERFORMED	21. AUTOPSY? (Yes or No)
	no
, In ar about 22C. WHERE DID (II in Baltimare City, alve exact	
ce bldg., etc.) INJURY OCCUR?	
22F, HOW DID INJURY OCCUP?	
T WHILE [
WORK U	
utansy and that on this basis death in my o	alalon
	DATE SIGNED
D.	3/1/71
ASSOCIATE MEDICAL EXAMINER	3/1//1
ar CREMATORY 24D. LOCATION (City, lown,	as assumbly (State)
OCCUPATION I TAIL LOCATION IN THE TOWN	
the state of the s	or caunty) (State)
rodex Com. Baltimore	nd.
hodex Cem. Baltimore 1	Nd.
bodex Cem. Baltimore 1	Nd.
T R	OF DEATH Estimated 2 28 3. DATE Manth Day PRONOUNCED DEAD 2 28 5. USUAL RESIDENCE (Where deceased lived. Il institution: A STATE B. COUNTY Md. C. CITY OR TOWN D. INSIDE CITY BALLON STREET AND NUMBER 5. 20 S. Macon Street 13. FATHER'S NAME COSTAS ECONOMI des RY 15. MOTHER'S MAIDEN NAME Anastasia 18. INFORMANT ATTENDATE CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: WAS PERFORMED 1. In ar about 22C, WHERE DID (II in Baltimare City, give exact lice bidg., etc.) INJURY OCCUR? 1. In ar about 22C, WHERE DID (II in Baltimare City, give exact lice bidg., etc.) INJURY OCCUR? 1. In ar about 22C, WHERE DID (II in Baltimare City, give exact lice bidg., etc.) INJURY OCCUR? 1. In ar about 22C, WHERE DID (II in Baltimare City, give exact lice bidg., etc.) INJURY OCCUR? 1. In ar about 22C, WHERE DID (II in Baltimare City, give exact lice bidg., etc.) INJURY OCCUR? 1. In ar about 22C, WHERE DID (II in Baltimare City, give exact lice bidg., etc.) INJURY OCCUR? 1. In ar about 22C, WHERE DID (II in Baltimare City, give exact lice bidg., etc.) INJURY OCCUR? 1. In ar about 22C, WHERE DID (II in Baltimare City, give exact lice bidg., etc.) INJURY OCCUR? 1. In ar about 22C, WHERE DID (II in Baltimare City, give exact lice bidg., etc.) INJURY OCCUR? 1. In ar about 22C, WHERE DID (II in Baltimare City, give exact lice bidg., etc.) INJURY OCCUR? 1. In ar about 22C, WHERE DID (II in Baltimare City, give exact lice bidg., etc.) INJURY OCCUR?





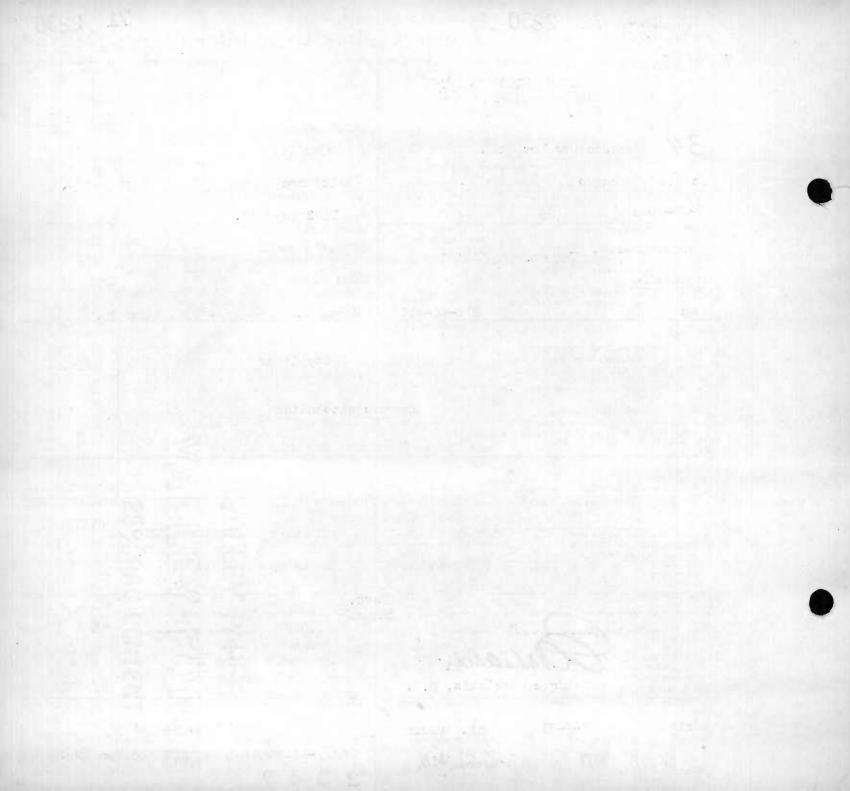
6	1-652	BALTIMORE CITY	HEALTH DEPARTMENT		71	2249
BIRT M.E	H NO. 00 71 224	CERTIFICA	TE OF DEATH	Registered No.	M. ale	KK 19
1. N (Typ	PLACE OF DEATH IN BALTIMORE, MARYLAND	Bren	t 3/0	HOUR OF DEATH		M.
1	FULL NAME OF (If not in hospital or institute oddress or location)	2	A. STATE B. COUN	tside city limits; write		5200
7	Mid Jordy fursing	y Nome	D. STREED ADDRESS (III	rivol, give location)		
\$ S		RIED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH G11 1912 11. BIRTHPLACE Store or fore	AGE (In years lost bighdoy)		Poys Hours Min.
	e during most of working life, even if relired)	D OF BUSINESS OK INDUSIKI	Marylane 14. MOTHERS MAIDEN NA	l	2	COUNTRY?
15,	Jeorge Bres Was Deceased Everlin U. S. Armed Forces?	1 6. SOCIAL	Corpeli 17. INFORMANT	a S	mil	ADDRESS
(Yes	s, no or unknown) (If //es, give wor or dotes of servi	SECURITY NO.	alverta !	3rent x	Shac	lesed Me
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart laiture, osthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, girise to the abave cause (A) stoting UNDERLYING CONDITION tost.	ose, (8) DUE TO	dio-Mesquia remomia reminado remigeal	Aypops Carcin	ling hary mats	ONSET AND DEATH
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE				
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	ON CERTIFYING CA	FINDINGS (AUSES OF DI	CONSIDERED EATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give	exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hout) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Not Work	21 F. HOW DID INJ	URY OCCUR?		
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	on man 6	19 / and th	19 <u>21</u> ta	man Inlan deoth	6 19 7/
	ond hour ond from the couses stoted obov 23A. SIGNATURE Lucland Off	eyeld M.D. Atte	inding Med. Director	Stoff Phys.	23B. DATE	SIGNED /
24A	23C. PHYSICIAM'S NAME (Type) BURIAL CREMATION, 124B. DANS 124	C. NAME OF CEMPTERY AT CRI	6615- Reis D MATORY 24D. L	Eston (C	Lity town, or	county) (State)
25 A	Burial 3/9/1/	Storagel ME OF REGISTRAR	25¢ YUNERAL DIRECTOR	hadex	ide	address Mo
1	MAR & WIF Paked E &	elley May	1) deliago	1 Leesle	4-4	yna. Mas.



VS 151-REV. 1/1/68

2 2 4 9

Mary-Elizabeth Law 802 Madison Ave.



25C. FUNERAL DIRECTOR

Mary-Elizabeth Law

ADDRESS

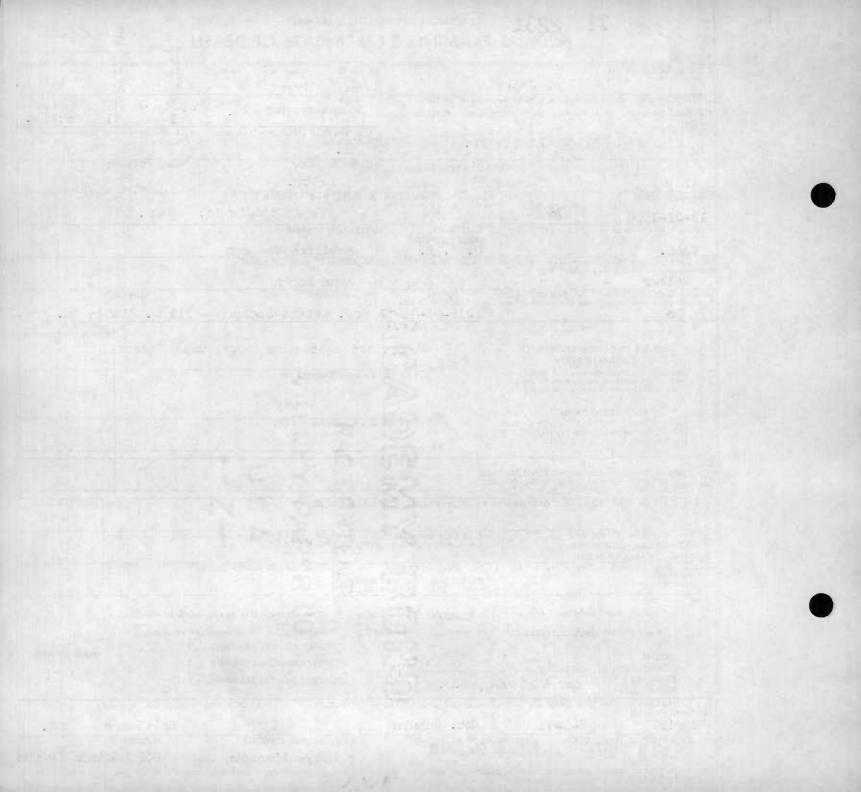
802 Madison Avenue

258. NAME OF REGISTRAR

gading May

25A. DATE REC'D BY HEALTH DEPJA

VS 151-REV, 1/1/68

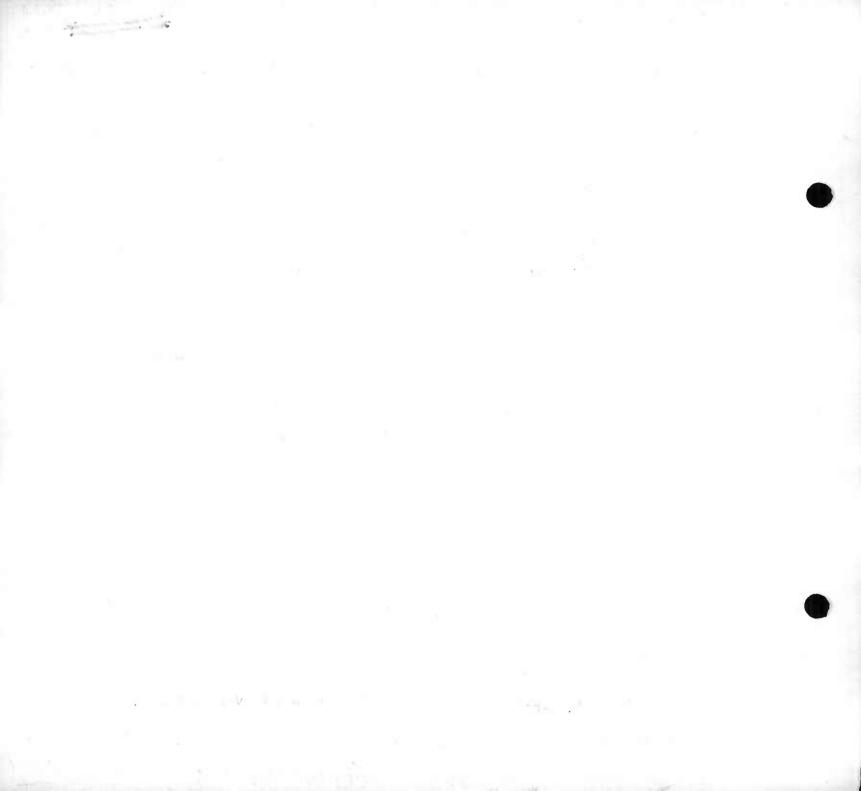


	F	3-260	194	0050			HEALTH DEF		V	71	305	
		RTH NO.		2253	CERTI	FICA	TE OF I	DEATH	REG. NO.		- (2)	<u>s </u>
	(Ту	NAME OF DEC	BAKER			WILL	IAM		TH OS, 19		4:36	P
	3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD		4. USUAL RE		re deceased lived. I			Madmission)
	BC	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUT	TON, GIVE STR	EET	MARY C, CITY OR TO	LAND	Howard C	NSIDE CITY LI	63	00
4	10	St an	ener H	arpil	el el		ELLI	COTT C		YES [МУ/ои	
9			8.				3910	HAWTHO	ORNE ROAD		2	1043
mad	5. :	SEX	6. RACE	7. MARRIED	NEVER MARR	IED 🔲	8. DATE OF B		9. AGE (In years lost birthday)	If Under Months	9 V V V	r 24 Hrs.
S		MALE	WHITE	WIDOWED		-	11-15		50	Monins	Doys Hours	Min.
	don	ne during most of v	JPATION (Give kind of work working life, even if retired)	CIARKS	VILEE.	MO	11. BIRTHPLA	CE (State or Core	gn country!	12. CITIZ	EN OF WHAT	OUNTRY?
			H DIRECTOR	W. R.	GRACE	,	DELAW	ARE		U.	S.A.	
pos	13.	FATHER'S NAA	AE				4. MOTHER'S	MAIDEN NA	ME			
disposition	H	ENRY BA	AKER		DE	CID	BESSI	E (WINE) BAKER			
0	(Yo:	Was Deceased s, no ar unknowni	Ever in U. S. Armed Ford	es?	6. SOCIAL SECURITY NO).	7. INFORMAN	IT			ADDRESS	
i i	Y	ES	WW2	1:		6084	ST.AG	NES HOS	PITAL, WI	LKENS	& CATO	N AVE
0		18. /5 =	3, / 1		CAUSE OF	DEATH	Keele -	- 0	61		APPROXIMATE IN	TERVAL
9		DISEAS	E OR CONDITION DIR LEADING TO DEATH	ECTLY			Jim	gory	- lautine		EI WEEN ONSE! A	ND DEATH
E (This does not mean the made of dying as (A)IMMEDIATE CAUSE METANTICE C.A.									******			
מפ	heart failure, asthenia, etc., It means the disease, injury or complication which caused death.)											
E		A	NTECEDENT CAUSES		(-)	Cer	um	left-	Klein (Spen	ic)	
are		DISEASES O	R CONDITIONS, If a	ny, giving	DUE TO	OR AS	CONSEQUEN	ICE OF:				***************************************
		UNDERLYING	obove cause (A)	slating the	(c)							
remains			11		(0)							
0	CERTIFICATION	TO THE DEATH	CANT CONDITIONS CON	E TERMINIAL								
	CA	DISEASE OR CO	INDITION GIVEN IN PART	1 (A).	ICH OPERANIA		1204	O/ N. 1			*********	*********
-/	RTIF	22 nd	PERATION 198 CONE	DENTEPIA	Newic K	liner		SY? (Yes or No)	IN CERTIFYING	E FINDINGS (CONSIDERED	
perore the		21 A. ACCIDEN	T WAS UNDERLYING	V 27B. PL.	ACE OF INJUR	Y (e.g., In	ar about 21 C. V	VHERE DID	(If In Boltim	ore City, give	exact lecation)	
9	3	DEATH (notify	modical examined	home,	farm, foctory, s	treet, offi	e bldg., INJUI	Y OCCUR?	į in bonini	ore only give	oxoci ioconon;	
0	EDICAL	21D. TIME OF INJURY	(Month) (Day) (Yearl	(Houd 21 E IN	JURY OCCURR	ED	21 F. H	ILNI DID WOL	JRY OCCUR?			
	51	[APPROX.]		While work		of While						
ă		22. I certify t	hot (l) (this haspitol)				FRILAR	7 08 1	9_71_toM	ARCH C)5 19	71-
0	-	that (1) (we) 1	ost sow the deceased	altve on M	ARCH O	5	197		t in (my) (aur) o			
	- 1		fram the causes state						1 111(111)/ (001/ 0	Siliton geath	occurred on 1	ne core
must	1	23A. SIGNATUR	E 1 8 1			T		arrot deoths	,	23 B. DATE	SIGNED .	
		The	al your	1.	DEGR	Attend Phys.	ling /	Aed.	Staff Phys.	Marc	ch 5 lt	1971
approva		23C. PHYSICIAN NAME (Typ	rs 7		Drok		D. ADDRESS		HOSPIT	M L	2 M CIAI	Pr
<u>d</u>		DR	QURES	341		DEGREE	ST A	gnes	HOSPLI	AL L	PHULIM	OKE
	24A.	REMOVAL (Sp	ocity)		E of CEMETERY	or CREN		24D, LO	CATION (City, town, or	county) (Stote)
	_	BURIAL	13/8/71		deruill	E C	ENIETER	y BRI	DEEUILLE.	DEL.		
	25A.	DATE REC'D I	Y HEALTH DEPT.	SB. NAME OF R	REGISTRAR		25C. FUNER	AL DIRECTOR		BRIGHT	ADDRESS	1/21
	M	AK 8 15		BOBE M	P. 0	10	Park	42119	IN ERALHOM	C 101111	NAGN INKE	JULK!

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VS 150-REV. 1/1/68



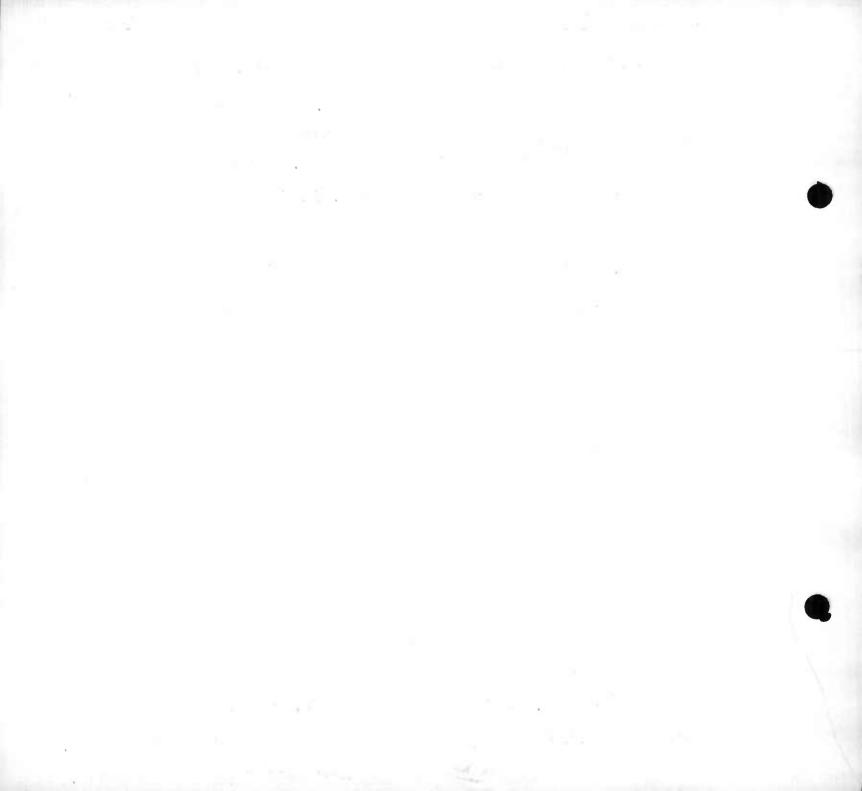
VS 150-REV. 1/1/68

0 000	BALTIMORE CITY	HEALTH DEPARTMENT				
55% 71 22 BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO	/1 2257			
(Type or Print) JOSEPH L R	OMANIELLO	2. DATE AND HOUR OF DEATH	50pm 10.20p.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PA	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission			
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	m) 301				
1	(0	Ballo - 21231 D. INSI	DE CITY LIMITS?			
37 Mercy Hospil	rece	E. STREET AND NUMBER				
0		4275. Eden St.				
14/	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lost birthdoy) 63	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10A. USUAL O CCUPATION (Give kind of work 10B, KIN						
done during most of working life, even if refired)	D OF BOSINESS OF INDUSTRA	0 01:	12. CITIZEN OF WHAT COUNTRY			
Construction Foresem Be	Ito. CITY	Balhmore	USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
John Roman	iello		ello Moscanielli			
15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (If yes, give war ar doles of server).	icel SECURITY NO.	17. INFORMANT	ADDRESS			
No -	218147160	Stifee	shue rechore			
18. 250.11	CAUSE OF DEATI		APPROXIMATE INTERVAL			
DISEASE OF CONDITION DIRECTLY			BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A) IMMEDIATE CAU	se Acute M. 1 e her	et block			
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	COLUMN OF AS	A CONSEQUENCE OF:				
injury ar complication which caused death.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
ANTECEDENT CAUSES	Asc	(U)				
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:				
rise to the above cause (A) stating	the In QI	betes mellitue				
UNDERLYING CONDITION last.	(c)		***************************************			
z II						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	NG NAL					
	OR WHICH OPERATION	120A AHYORKY /Von or Mail 200 to use the	ANDROS CONCESSOR			
19A-DATE OF OPERATION 19R CONDITION I WAS PERFORMED	OK WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY (e.g., in home, form, lociory, street, off etc.)	or obout 21C. WHERE DID (II In Boltimore bidg., INJURY OCCUR?	City, give exact lacation)			
O 21D. TIME (Month) (Doyl (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
S (APPROX)	While At Not While At Work					
22. I certify that (I) (this hospital) attended the deceased from 197 to 3571						
that (1) (we) last sow the deceased alive an 3/5/7/ ond that in(my) (aur) apinian death accurred an the da						
ond hour and from the causes stated abay	e. (1) (We) (did) (did not) vi					
23A. SIGNATURE			23R DATE SIGNED			
Parking 130	01	Med. Stoff Phys.	3/5/71			
23C. PHYSICIAN'S	DEGREE ""	3D. ADDRESS				
NAME (Typel PRATIMA	Bost mil	hosey Hora	ntel			
	DEGREE	1100				
REMOVAL (Specify)	C. NAME of CEMETERY OF CRE		, town, or county) (State)			
BURIA'C MARY 71	4014 REDEEM	EK CEM- 4430 BELAIN	RO BALLO MO			
SA. DATE REC'D BY HEALTH DEPT. 258 NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
AK 8 PM Wasen & Minde	THE I A IT O	THE DIRPEL BROSING 18	OO E LOMBARD ST			
/S 150-REV. 1/1/68						

THE DIPPLE BROWN IN HOLY REDER WAS SANTER RD BROWN TO BROWN

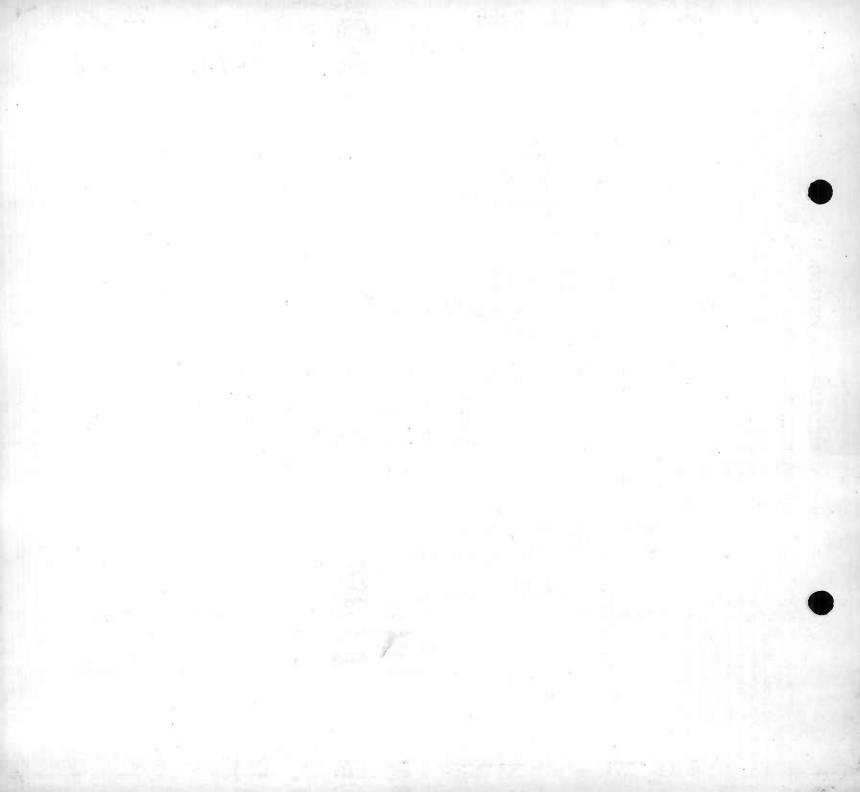
DIRECTOR:

FUNERAL

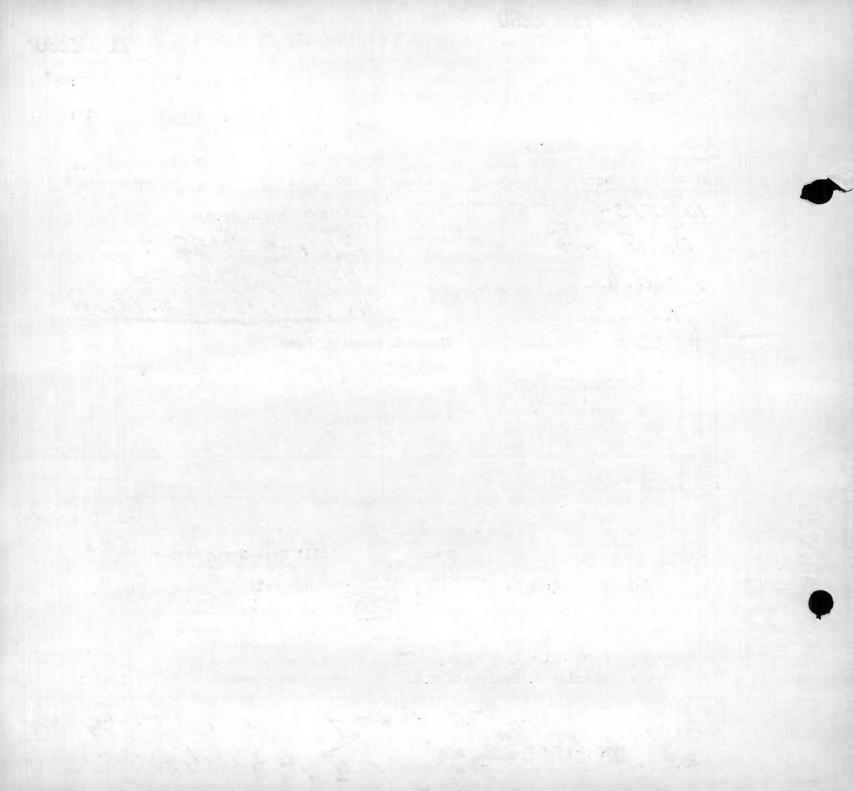


FUNERAL DIRECTOR: IMPORTANT

BIRT	D-620 71 22	250		E OF DEATH	REG. NO	71	2259
	AME OF DECEASED HENRY	PEARCE	-	2. DATE AN	D HOUR OF DEAT	н	4: 30 M
3. P	LACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD		4. USUAL RESIDENCE (When	e deceased lived. If	institution: res	idence before admission)
HO:	L NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)		ÉET	C. CITY OR TOWN BELLED, E. STREET AND NUMBER	246	VES A	NO
-	Johns Hopkins Hosp	ital		1752 E. 25	'st.		
5. S I	EX [6. RACE 7. MA	RRIED NEVER MARRI	IED B	DATE OF BIRTH	9. AGE (In years	If Under Manths D	1 Yr. , If Under 24 Hrs.
	100	OWED N DIVORCI	=	12-23-84	last birthday)	Months	Days Hours Min.
10A.	USUAL OCCUPATION (Give kind of work 10 B. Kt			1. BIRTHPLACE (State or forei	gn country)	12, CITIZE	N OF WHAT COUNTRY?
	during most of working life, even if retired)	(1		TOTAL SECTION			
	Cement finisher	onstruct	ion	Raleigh No	orth Caro	lina	USA
13. F	ATHER'S NAME		1	4. MOTHER'S MAIDEN NAM	ΛE		
	Oscar Parce			Sally Ann			
S. V	Vas Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL		7. INFORMANT		1	ADDRESS
ies,	na arunknown) (If yes, give war ar dotes af se	SECURITY NO	1/000	Chart,			
	10 110	CANES OF	7000	,			APPROXIMATE INTERVAL
	18.345,/1	CAUSE OF	r DEATH			86	TWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			C. 1. 1	0		^
	(This does not mean the made of dying,	(A) IMMEDI	IATE CAUSE	CONSEQUENCE OF:	test		
	heart failure, asthenia, etc. 11 means the di	sease,	O, OR AS A	CONSEQUENCE OF:			
	injury or camplication which caused death.			1.0.1	0 1		0
	ANTECEDENT CAUSES	(B)	N.	(Lower a) Oyu	Interest is	2	Ŏ.
	DISEASES OR CONDITIONS, if any,	33	O, OR AS A	CONSEQUENCE OF:	J		
	rise to the above cause (A) stating UNDERLYING CONDITION tast.) The	(Sound mal	Slizini		8
+		(~/************************************					
Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERM TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).		Asth	una, CHF			Lys.
		FOR WHICH OPERATION	N	20A. AUTOPSY? (Yes or No	20B. IF YES, WER	E FINDINGS C	CONSIDERED EATH?
0	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJUR home, form, foctory, s	RY (e.g., in street, offic	or obout 21C. WHERE DID	(If in Baltim	nore City, give	exact location)
0	21D. TIME (Month) (Day) (Year) (House			21F. HOW DID INJ	URY OCCUR?		
>	OF INJURY (APPROX.)	While At N	Not While				
			AT TOOK		- 191	VA	1
12	22. I certify that (1) (this haspital) atter			~ ·	9 71 ta 1	March 5	19.7.
1	that (1) (we) last saw the deceased aliv	e an March 6	<u> </u>	19and the	at in(my) (aur) a	pinlan death	accurred an the date
	and haur and fram the causes stated abo	ve. (I) (We) (did) (did	d nat) vie	w the bady after death.			
2	23A. SIGNATURE					23B. DATE	SIGNED
	Note Donne	m	Attend	ling Med.	Staff Phys.	21	-17,
	23C. PHYSICIAN'S	[/[]BEGI		D. ADDRESS	1 11y 5. —	0/0) 1//
	NAME (Type Peter Dens	en		601 n. Br	adwan	Balt	o, md
24A.	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY	Y of CREN	ATORY 24D. L	OCATION	City, town, or	county) (State)
	Burial 3/9/77	מייות מייות			J	_	
25.4	2////-	MT Aubu	arn C	emetry Ba	ltimore, N	1	ADDRESS
23 A.	ARR 1971 Res E	AME OF REGISTRAR	10	25C BUNERAL DIRECTOR	alstead	1206 V	V orth A
24	50 BEV 17 (10						

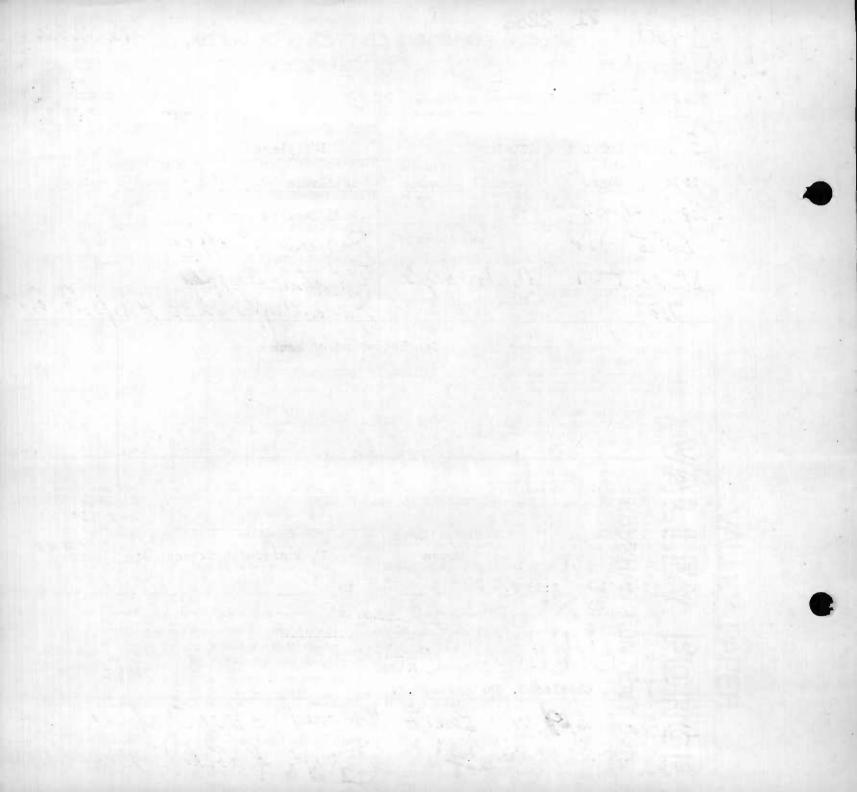


1 .// 1	CERTIFICATE OF DEATH REG. NO. 71 2260
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) CAROL TAYLOR	2. DATE Known Month Doy Yeor Hour OF DEATH Estimoted March 5,1971 10:45 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD March 5, 1971 10:45 P.M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
JOHNS HOPKINS HOSPITAL	A. STATE Maryland B. COUNTY 802
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 36 DIVORCED Months, Doys, Hours, Min	
	2111 East North Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Higgins
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done doing most of working file, even if refired)	15. MOTHER'S MAIDEN NAME Pacolos
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)	War. Taylor 15-22 E. Bildel St
19. CAUSE OF DE	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Gunshot	wound of head
LEADING TO DEATH (A)IMMEDIATE	CAUSE
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:
IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	3 5 7 7 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAC DEDECORATE (V
	yes (head-Only)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g. home, form, foctory, street, off Home)	yes (head-Only) , in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) INJURY OCCUR? 2111 East North Avenue
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g. home, form, foctory, street, off UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	yes (head-Only) , in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) INJURY OCCUR? 2111 East North Avenue 22F. HOW DID INJURY OCCUR?
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTIONS OF CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 3-5-71 9:40 A. m. WORK NOR AT	yes (head-Only) i, in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ice bldg., etc.) 2111 East North Avenue 22F. HOW DID INJURY OCCUR? T WHILE WORK Shot self
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTIONS OF CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 3-5-71 9:40 A. m. WORK AT AT 23. 1 certify that I held an Inquiry Inspection Actions	yes (head-Only) in or obout 22C. WHERE DID (If in Boltimore City, give exact location) in Jury Occur? 2111 East North Avenue 22F. HOW DID INJURY OCCUR? Shot self I-Only) and that an this basis, death in my apinian
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTIONS OF CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 3-5-71 9:40 A. m. WORK AT AT 23. 1 certify that I held an Inquiry Inspection A	yes (head-Only) i, in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ice bldg., etc. INJURY OCCUR? 2111 East North Avenue 22F. HOW DID INJURY OCCUR? T WHILE Shot self I-Only utapsy) and that an this basis, death in my apinian ide Hamicide Undetermined manner
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.) 3-5-71 9:40 A. m. WORK AT AT AT AT A CONTRIBUTION ACTUAL ACT	yes (head-Only) in or obout 22C. WHERE DID (If in Boltimore City, give exact location) in JURY OCCUR? 2111 East North Avenue 22F. HOW DID INJURY OCCUR? Shot self I-Only) and that an this basis, death in my apinian
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 3-5-71 9:40 A. m. WORK AT	yes (head-Only) 2111 East North Avenue 22F. How DID INJURY OCCUR? TWHILE Shot self I-Only) utapsy) and that an this basis, death in my apinian de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER 3/6/71
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 3-5-71 9:40 A. m. WORK A HORSE OF DEATH. 23. (Head resulted fram: Natural causes Accident Suicident Signature EXAMINER'S Charles S. Springate, M.D.	yes (head-Only) 2111 East North Avenue 22F. How DID INJURY OCCUR? TWHILE Shot self I-Only) utapsy) and that an this basis, death in my apinian de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER 3/6/71
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTIONS OF CONTRIBUTIONS OF CONTRIBUTIONS OF CONTRIBUTIONS OF CONTRIBUTIONS OF CONTRIBUTIONS OF INJURY (APPROX.) 3-5-71 9:40 A. m. WHILE AT WORK AT AT A COLOR OF INJURY (APPROX.) 3-5-71 9:40 A. m. WORK OF INSPECTION OF INJURY OCCURRED OF INJURY (*.c. of Injury (*	yes (head-Only) 2111 East North Avenue 22F. How DID INJURY OCCUR? TWHILE Shot self I-Only) utapsy) and that an this basis, death in my apinian de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER 3/6/71



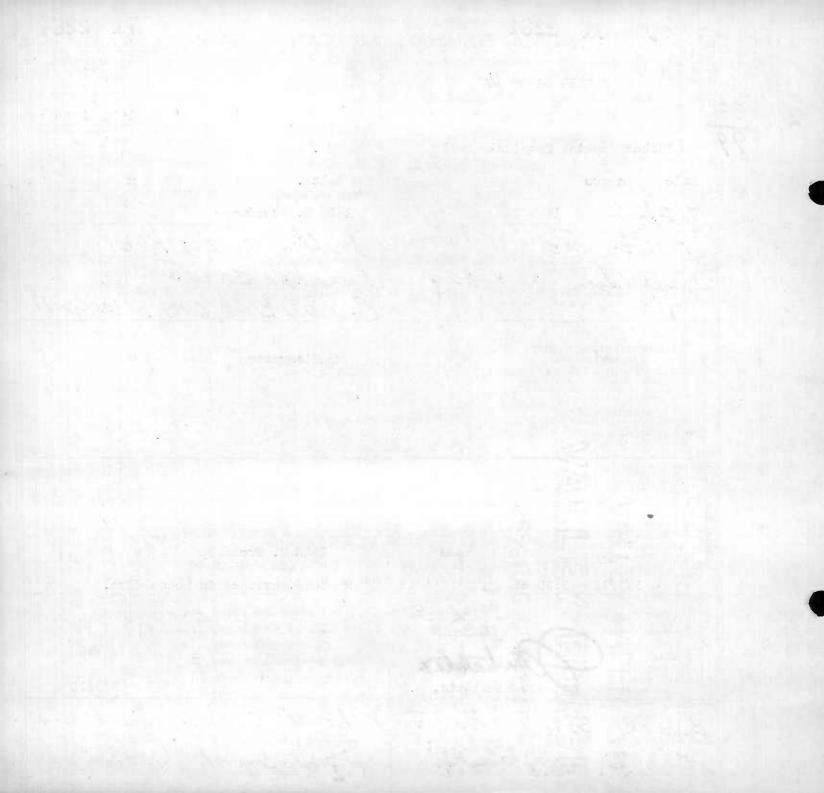


71 2262 BALTIMORE CITY HEALTH		71 2262
MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH REG. NO	11 ceae
I. NAME OF DECEASED 2.	DATE Known 🖾 Month Doy	Yeor Hour
(Type or Print) CADI TON II CITIZET	OF Estimoted March 5,1971	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3.	DATE Month Day	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD March 5,1971	9:21 P. M
OR INSTITUTION 5. L	JSUAL RESIDENCE (Where deceased lived, If institution: STATE B. COUNTY	
JOHNS HOPKINS HOSPITAL	Maryland B. COUNTY	1001
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. C.	CITY OR TOWN D. INSIDE CIT	Y LIMÍTS?
	Baltimore YES	NO O
(Months Doys Hours Min.	STREET AND NUMBER	
april 4,1929 16	1235 Harford Avenue	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	FATHER'S NAME	
Dax co pro	James Cuffee	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY (5. done during most of working life, even if retired)	MUINER'S MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18.	INFORMANT AD	DRESS . O
(Yes, na ocuntnown) (If yes, give wor ar dotes af service) SECURITY NO.	TOPORMANI PUNCTURE 1929 A	to by and
19. CAUSE OF DEATH	Jumes Cuffee 1232 11	V APPROXIMATE INTERVAL
1-7631%		BETWEEN ONSET AND DEATH
LEADING TO DEATH	ound of back	
(A)IMMEDIALE CAUSE (This does not mean the made of dying, e.g.,	E CONSEQUENCE OF:	
heart failure, asthenia, etc. It meons the disease, injury ar complication which caused death.)		
ANTECEDENT CAUSES		
	CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z (c)		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PI	ERFORMED	21. AUTOPSY? (Yes ar Na)
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PI	ERFORMED	21. AUTOPSY? (Yes or No) yes
	r obout 22C. WHERE DID (If in Baltimore City, give exac	yes
22A. EXTERNAL CAUSE WAS UNDERLYING © OR CONTRIB- UNDERLYING © CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., in or home, farm, foctory, street, office bldg	r obout 22C. WHERE DID (If in Baltimore City, give exacg., etc.) INJURY OCCUR? 1202 Aisquith Street, 3	yes
22A. EXTERNAL CAUSE WAS UNDERLYING © OR CONTRIB- home, form, foctory, street, office bldg UTING □ CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	r obout 22C. WHERE DID (If in Baltimore City, give exac g., etc.) INJURY OCCUR? 1202 Aisquith Street, 3 22F. HOWDID INJURY OCCUR?	yes
22A. EXTERNAL CAUSE WAS UNDERLYING NOT CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or home, farm, foctory, street, office bld; House House	g., etc.) INJURY OCCUR? 1202 Aisquith Street, 3 22F. HOW DID INJURY OCCUR?	yes
22A EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or home, farm, foctary, street, office bld; House	r obout 22C. WHERE DID (If in Baltimore City, give exact g., etc.) INJURY OCCUR? 1202 Aisquith Street, 3 22F. HOW DID INJURY OCCUR? ?	yes tlacotion) rd floor
22A EXTERNAL CAUSE WAS UNDERLYING CAUSE WAS UNDERLYING CAUSE OF DEATH. CAUSE	and that an this basis, death in my a	yes tlacotion) rd floor
22A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or home, farm, foctory, street, office bld; House	22C. WHERE DID (If in Baltimore City, give exact g., etc.) INJURY OCCUR? 1202 Aisquith Street, 3 22F. HOW DID INJURY OCCUR? ? and that an this basis, death in my of the management of the ma	yes tlacotion) rd floor
22A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. Colory, street, office bldg House House	22C. WHERE DID (If in Baltimore City, give exact g., etc.) INJURY OCCUR? 1202 Aisquith Street, 3 22F. HOW DID INJURY OCCUR? ? 24 and that an this basis, death in my of the death in	yes tlacotion) rd floor
22A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. House	r obout 22C. WHERE DID (If in Baltimore City, give exact g., etc.) INJURY OCCUR? 1202 Aisquith Street, 3 22F. HOW DID INJURY OCCUR? ? and that an this basis, death in my of the manner of the manne	yes tlacotion) rd floor ppinlan DATE SIGNED
22A. EXTERNAL CAUSE WAS UNDERLYING TO RECORD TO STORY OF INJURY (e.g., in or home, farm, foctory, street, office bld; UNDERLYING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 3-5-71 8:36 P. m. WORK NOT WHILE AT WORK AT WORK 1 certify that I held an Inquiry Inspection Autops resulted fram: Natural causes Accident Suicide ACTUAL SIGNATURE EXAMINER'S Charles C. Capital Accident M.D.	22C. WHERE DID (If in Baltimore City, give exact g., etc.) INJURY OCCUR? 1202 Aisquith Street, 3 22F. HOW DID INJURY OCCUR? ? and that an this basis, death in my a hamicide \(\text{MEDICAL EXAMINER} \) CHIEF MEDICAL EXAMINER	yes tlacotion) rd floor apinlan
22A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. CAUSE OF DEATH. House	and that an this basis, death in my chamicide X Undetermined manner CHEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 3	yes tlacotion) rd floor ppinlan DATE SIGNED
22A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. House	and that an this basis, death in my chamicide X Undetermined manner CHEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 3	yes tlacotion) rd floor apinlan DATE SIGNED /6/71
22A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. CAUSE OF DEATH. House	and that an this basis, death in my of Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER ASSOCIATE	yes tlacotion) rd floor apinlan DATE SIGNED /6/71
22A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. CAUSE OF DEATH. House	and that an this basis, death in my and the medical examiner associate ex	yes t lacotion) rd floor ppinlan DATE SIGNED /6/71 or caunity) (Stote)



M-6	00 71 22	102	CITY HEALTH DEPARTMENT	71 2263			
BIRTH NO.		CERTIFIC	CATE OF DEATH REG. NO	7.2. 12.00			
I. NAME O	F DECEASED ANNIE A	MOORE	2. DATE AND HOUR OF DEATH	3/6/71 16 35 P			
3. PLACE I	N BALTIMORE, MARYLAND, WHERE	-	4. USUAL RESIDENCE (Where deceased lived, If in	14. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission			
FULL NAM HOSPITAL INSTITUTIO	RE OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN D. INS	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
JOH	NS HOPKINS HOSP	ITAL	BALTIMORE YES NO				
7 3							
FEMA	LE NEGROE WIT	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 9. AGE Un years lost birthday	If Under 1 Tr. If Under 24 H Months Doys Hours Min.			
done during t	OCCUPATION (Give kind of work 108, I most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT			
3. FATHER	SNAME		14. MOTHER'S MAIDEN NAME				
W	ILLIAM BRISCOE	17.25	PRISCILLA				
Yes, no of un	cessed Ever in U. S. Armed Ferces? known) of yes, give war or dates of s		770 Louise France 10:	2 9 Rulland 4			
18. //	369	CAUSE OF DE		APPROXIMATE INTERVAL			
7	DISEASE OR CONDITION DIRECTS	LY	0	BETWEEN ONSET AND DEA			
	LEADING TO DEATH	(A)IMMEDIATE	CAUSE PNEUMONIA	4 days			
(This d	loes not mean the mode of dying allure, asthenia, etc. It means the	C. C.C. DUETO OF	AS A CONSEQUENCE OF:				
Injury	or complication which caused deat	hJ	A				
	ANTECEDENT CAUSES		(1/A-				
DISEAS	SES OR CONDITIONS, Il any,	civing (8) DUE TO, OI	R AS A CONSEQUENCE OF:				
rise i	o the above cause (A) stati						
UNDE	RLYING CONDITION last	(c)					
E ITO THE	SIGNIFICANT CONDITIONS CONTRIB DEATH BUT NOT RELATED TO THE TER	RMINAL					
S DISEASE	E OR CONDITION GIVEN IN PART 1 (A	N FOR WHICH OPERATION	20A AUTOPSYPIYER OF NO. 20B IF YES, WERE	FINDINGS CONSIDERED			
	WAS PERFORM	IED	20A AUTOPSYT (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA				
. OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	21B PLACE OF INJURY (a home, form, foctory, stree etc.)	.g., in or obout 27C. WHERE DID (If In Boltimor	re City, give exact focotion)			
OF INJ	AE (Month) (Doy) (Year) (He	21E INJURY OCCURRED	215. HOW DID INJURY OCCUR				
OF INJ		While At Not	· 🗆 📗				
22 1	Work LI AT WORK LI						
	22. I certify that (I) (this hospital) attended the deceased from 2/27 19 7/ to 3/6 19 7/						
	(wa) last saw the deceased all	7		nion death occurred on the d			
	ur and from the causes stated o	bave. (1) (44) (did) (did no	t) view the body after death.				
23A. SIC	GNATURE /			23 B, DATE SIGNED			
	1) Pine	i MD DEGREE	Attending Med. Staff Phys.	3/6/71			
23C.PH	TSICIAN'S		23D. ADDRESS	1 / / .			
24A. BURIA	L CREMATION, 248. DATE	24C. NAME of CEMETERY OF	GREMATORY 24D. LOCATION (C	ity, town, or county) (Stote)			
REMO	VAL (Specify) 2/10/7/	not 2.1	Gu Then	20			
DW	uax 3/10/11	In. most	magority	1000			
ZOA. DATE		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
MAI	8 The Robert E.	A PARTY OF THE PAR	Joseph Li docks X	1. 1207 11 Contra			
/5 150 PEV	. 1/1/88						

VS 151-REV, 1/1/6B



	distant.			
BALTIMORE	CITY	HEALIH	DEPAR	IMENI

PG 0205	CERTIFICATE OF DEATH REG. NO. 71 2265
1. NAME OF DECEASED (Type or Print) BRUCE B. BRISTOL	2. DATE Knawn X Month Day Yeor Haur 3:21 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Day Yeor Hour Reproved DEAD March 6,1971 3:21 A. M.
LUTHERAN HOSPITAL (DOA)	5. USUAL RESIDENCE (Where deceosed lived, if institution; residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore YES NO D
9. DATE OF BIRTH May 18, 1950 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Manths, Days Hours Min	
Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Raymond Bristol
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTING during most of working life, even if retired) Student	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, nong Unknown) (If yes, give war ar dates at service) 17. SOCIAL SECURITY NO.	18. INFORMANT Louise A. Breadman Bristal, 405 Poplar Gr
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	CAUSE R AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION V	WAS PERFORMED 21. AUTOPSY? (Yes ar Na) yes
UNDERLYING OR CONTRIBUTION OF INJURY (APPROX.) 3-6-71 UNDERLYING OF CONTRIBUTION OF INJURY OF I	in or about 22C. WHERE DID (If in Baltimore City, give exact location) 2002 fice bldg., etc.) INJURY OCCUR? Edmonds on Ave. and Poplar Grove St. 22F. HOW DID INJURY OCCUR? ? Autopsy X and that an this bosis, death in my opinion
ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. 24A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	
7/10/71 Mt. Aubur 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR WAR 8 1971 Best E. John M. 1	PART CEMETERY Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS Kenneth H. Law , 4609 Park Heights Ave

BALT

BALTIMORE CITY HEALTH DEPARTMENT	b=4.8	000
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	71 REG. NO.	2266

BIRTH NO.	REG, NO.									
1. NAME OF DECEASED (Type or Print) WINSTON STOKES	2. DATE Known Month Doy Yeor Hour OF DEATH Estimated Month Month Doy Yeor Hour									
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD March 2,1971 3:42 P. M.									
707 N. Broadway	S. USUAL RESIDENCE (Where deceased lived. Il institution; residence before admission) A. STATE Maryland B. COUNTY									
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	D. INSIDE CITY LIMITS?									
Male Negro WIDOWED DIVORCED										
9. DATE OF BIRTH 7/20 e 1926 10. AGE (In years 10. AGE (In year	E. STREET AND NUMBER 1705 Cumberland Street									
Greenbay, Vae 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME William Stokes									
dependency of working life, even freitred lial Institute	17 15. MOTHER'S MAIDEN NAME									
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yet-ne or unknown) (II yes, give wor or doles of service) Well, II 26-28-8227	Mary A. Stokes, 705 Cumberland St.									
19. 4 1 2 4 CAUSE OF DE	ATH APPROXIMATE INTERVAL									
LEADING TO DEATH	osclerotic cardiovascular disease									
	(This does not mean the mode of dylng, e.g., heart foilure, asthenia, etc. It means the disease,									
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPS:										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).										
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No) yes									
228. PLACE OF INJURY (e.g. home, form, foctory, street, offi	, in or about 22C, WHERE DID (If in Boltimore City, give exact location) ice bldg., etc.) INJURY OCCUR?									
OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK NO	T WHILE WORK 22F. HOW DID INJURY OCCUR?									
I certify that I held an Inquiry Inspection Across Inspection Suicing Accident Suicing Suicing Signature Examiner's Ronald N. Kornblum, M. D. NAME (Type)	ond that on this basis, death in my opinion de									
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 3/6/71 New Cathedra										
MAR 8 1971 258. NAME OF REGISTRAR MAR 8 1971	Z5C. FUNERAL DIRECTOR ADDRESS Kenneth H. Law , 4609 Park Heights Ave.									
VS 151-REV. 1/1/68										

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IMPORTANT

FUNERAL DIRECTOR:

B-452 71 2267		TE OF DEATH	REG. NO	71 2267		
(Type or Print) ALBERT A	J. REULIN	VG 2. DATE AN	D HOUR OF DEATH	8 25		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO FULL NAME OF HOSMITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	DUNCED DEAD		ηγ •	stitutions residence before odmission		
BON SECOURS HOSF	?.	BALTIMOTO E. STREET AND NUMBER		YES NO		
CAUCASIAN WIDOWED		7-06-87	9. AGE (in years last birthday)	Il Under I Ye. Il Under 24 Hrs. Manths Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND O done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	MAIZYLANI	gn country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E			
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (II yes, give war ar dotes of service)	16. SOCIAL SECURITY NO. 214-05-3011	17. INFORMANT		ADDRESS		
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc., it means the disease injury or complication which caused death.) ANTECEDENT CAUSES	,	D - Congesting	Heart	BETWEEN ONSET AND DEATH 2 MONTHS		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	A CONSEQUENCE OF:				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION FOR WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1218	NEPHI	A RWOGY C	OME.	/		
19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSTRIYES OF No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF homotoper contribution of the contributio	PLACE OF INJURY (e.g., Ir ne, farm, factory, street, all	or obout 21 C. WHERE DID	(if in Soltimore	City, give exoct location)		
= IOF INJURY	INJURY OCCURRED III Not While Ink At Work	21F. HOW DID INJU	RY OCCUR?			
22. I certify that (I) (this hospital) attended the deceased fram						
and haur and from the causes stated abave. (23A. SIGNATURE OVAN E FENNAND 23C. PHYSICIAN'S NAME (Type)	23B, DATE SIGNED 3-6-71					
24A. BURIAL CREMATION, 24B. DATE 24C.N	ME of CEMETERY OF CRE	L D	10	SALTO, MD. , fown, or county) (Stotal		
MAR 8 MAR 8 258 AME	of Alla Far	25C, FUNERAL DIRECTOR	timera 1 Lwab. 2	ADDRESS 101 Fredrick Ave		



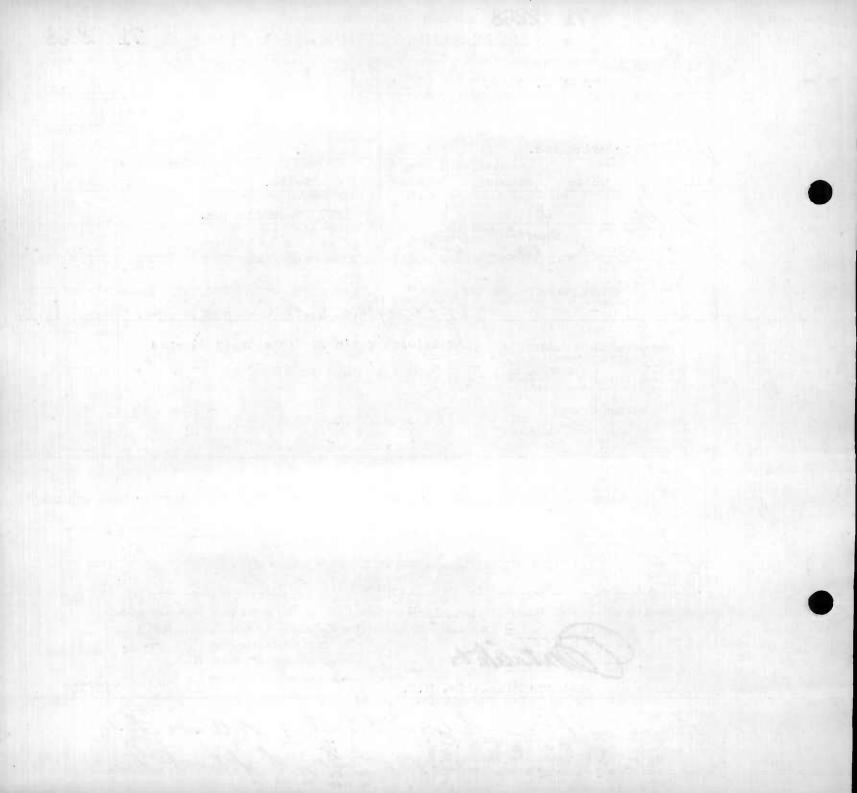
25A. DATE REC'D BY HEALTH DEPT VS 151-REV, 1/1/68

25C. FUNERAL DIRECTOR

258. NAME OF REGISTRAR

ADDRESS

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VS 150-REV. 1/1/68



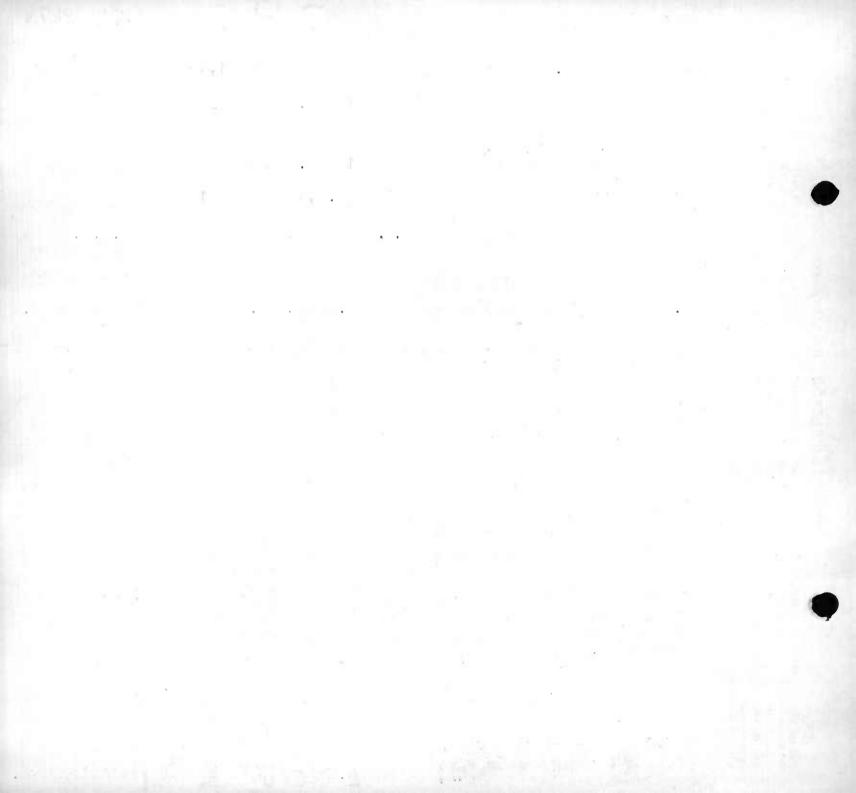
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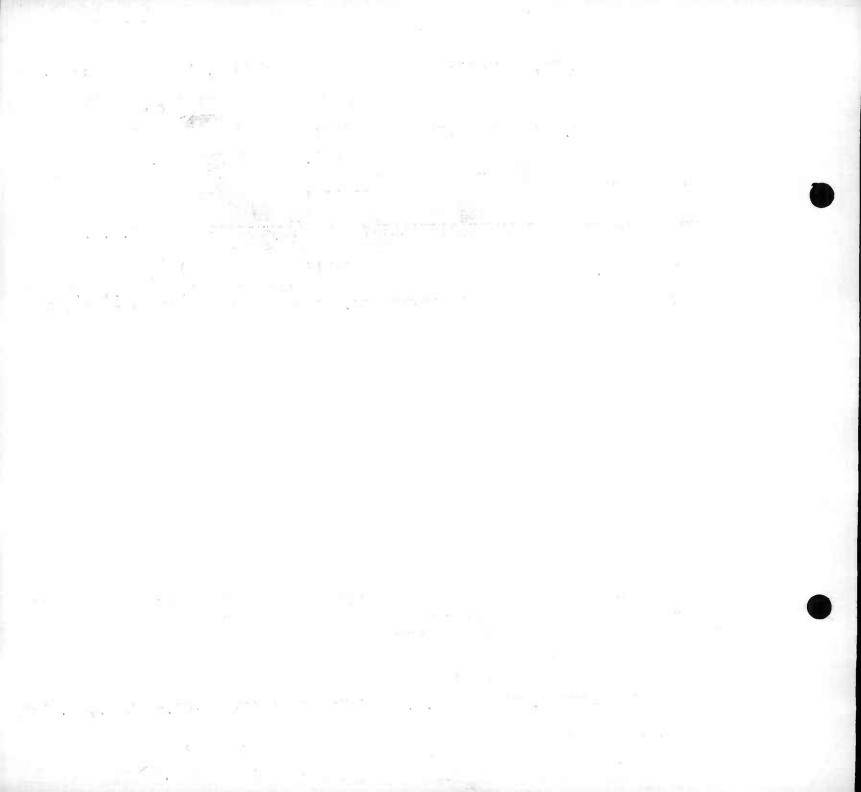


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FUNERAL DIRECTOR: IMPORTANT

1	5-530	71	2272		HEALTH DEPARTM		71 2272		
B	IRTH NO.			CERTIFICA	TE OF DEA	TH REG. NO			
	NAME OF DECE		DOV D		2. DATE AND HOUR OF DEATH				
3	SMITH, ROY RICHARD 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				14 USUAL RESIDENC	MARCH 2. 197	1 1:55A M.		
						0.1.	nstitution: rasidenca before admission)		
- H	OLL NAME OF	ADDRESS OR LOC	AL OR INSTITUTION	ON, GIVE STREET	MARYLAND CITY 21229				
118	NSTITUTION	ST A	GNES HOS	SPITAL	BALTIMOR		SIDE CITY LIMITS? YES \(\text{\ballet} \) NO \(\text{\ballet} \)		
	70 ST. AGNES MOS			AL LINE	E. STREET AND NU	MBER	0 - 4		
					594 S. E	BEECHFIELD AV	E. 2531		
	MALE	WHITE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 01 11 16	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
10 de	A, USUAL OCCU	PATION (Give kind of work	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State	or lareign country)	12. CITIZEN OF WHAT COUNTRY?		
11-		erking life, even if retired) EHOUSEMAN	CALVERT	DISTILLE	RY MASSA	CHUSETTS	U.S.A.		
13	FATHER'S NAM	E			14. MOTHER'S MAID	EN NAME	ansfield		
	Richa	rd M. Smit	h		NELLIE(Radax		
15 (Y	. Wos Deceosed es, no or unknown)	ever in U. S. Armed For	ces? 16. s al servica)	SOCIAL SECURITY NO.	17- INFORMANT W		BALTO ADDRESS . 21229		
	YES	19	45	19037570	ST. AGNES	HOSPITAL RE	CORDS-CATON &		
1	18. 24 / (7.41		CAUSE OF DEAT	1		APPROXIMATE INTERVAL		
	DISEASE	OR CONDITION DI	RECTLY		Devile 1	leans being	BETWEEN ONSET AND DEATH		
ı.	(This does no	I mean the mode of	dving. e.g.	(A) IMMEDIATE CAU		Javia Es	en nour		
1	heorf failure, a	sthenia, etc. Il means	the disease,	DUE 10, OR AS	CONSEQUENCE OF:	00			
	ANTECEDENT CAUSES ANTECEDENT CAUSES Gente Prypears a infarition								
1	DISEASES OR CONDITIONS, if any, giving (B)								
	rise la the above cause (A) sloting the UNDERLYING CONDITION last. (C) (C) (C)								
	UNDERLING	CONDITION last.		(c)	101110				
NO	OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBILITING		10011	D-1185	1 0		
ATIC	TO THE DEATH	BUT NOT RELATED TO THE NOTION GIVEN IN PAR	E TERMINAL	***************************************	ASCO	c const	yener		
FIC	119A. DATE OF	PERATION 198 CON	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Ye	s o No 208, IF YES, WERE	FINDINGS CONSIDERED		
CERTIF	0					IN CERTIFYING CA	USES OF DEATH?		
CAL	OR CONTRIBUT	WAS UNDERLYING LING CAUSE OF	21 B. PLA home, I etc.)	CE OF INJURY (e.g., ir orm, loctory, street, af	or obout 21C, WHERE INJURY OCC	DID (II In Boltimor CUR?	re City, give exact location)		
MEDI	21D. TIME (Month) (Day) (Yearl	(Hour) 21 E INJ	URY OCCURRED	21F. HOW D	ID INJURY OCCUR?			
٤	(APPROX.)		While A	Not While					
	22. I certify that 3() (this hospital) attended the deceased fram MARCH 2 19 71 to MARCH 2 19 71								
	that () (we) lost saw the deceased olive on MARC 2 19 71 and that in (h(y) (our) opinion death accurred an the date								
	and hour and from the causes stated above. (1) (We) (dld) (dld)(h)(t) view the bady after death.								
	23A. SIGNATURE 23B. DATE SIGNED								
1		restate	e vaxa		nding Med.	Staff Phys.	3-2-7/		
ĸ.	23C. PHYSICIAN NAME (Typ	3		DEGREE	3D. ADDRESS				
	Total tryp	PERFECTO C	. VALAR	AO M.D.	CATON &	WILKENS AVES.	-PAITO NO 01000		
24	A. BURIAL CREM	ATION, 24B, DATE		of CEMETERY OF CRE	MATORY	24D. LOCATION (CI	ty, town, or county) (State)		
	Burial	- 1 - 1	71 Toud	lon Park		Baltimore, Ma	arvl and		
25	A. DATE REC'D	Y HEALTH DEPT	258 NAME OF R		25C. FUNERAL DIE		ADDRESS		
	MAR 8	1977 Valley	E. Vanber	MAD O	5312 Fre	derick Ave G	.Truman Schwab		
1							-		

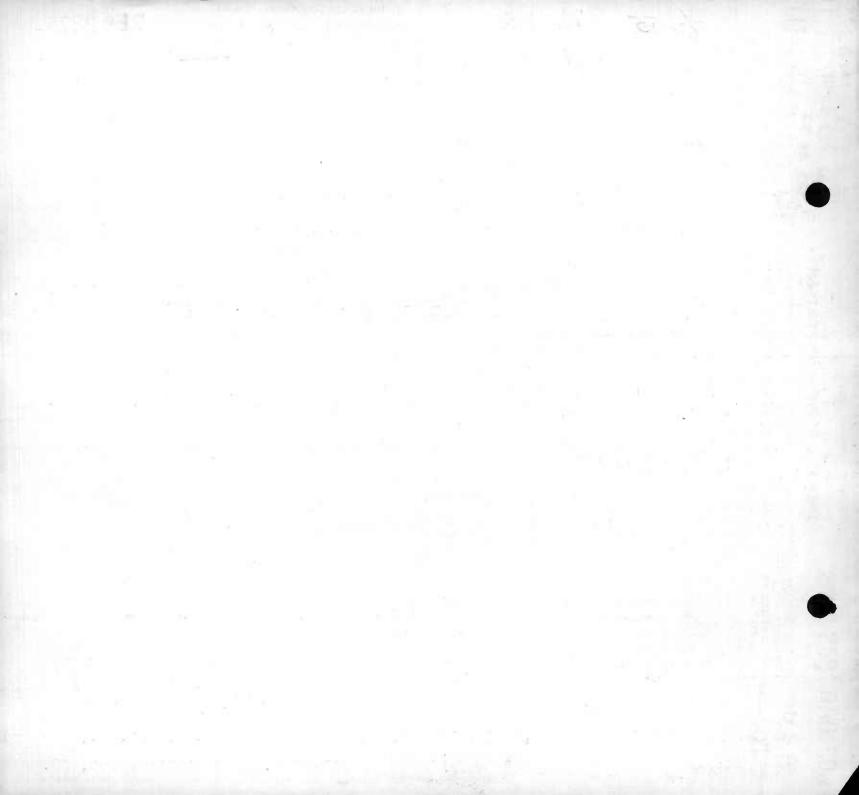


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VS 150-REV. 7/4768



S .	11 2275	ATE OF DEATH REG. NO.	71 2275		
and eath ased the Such	I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH			
of death	(Type or Print) ANNA HOFFMAN	22771	1:30 A M.		
ANNA ANNA ANNA ANNA ANNA ANNA ANNA ANN	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived. If in: A, STATE B. COUNTY MARYLAND WASHING			
a h cause se; fo to to	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN WILLIAMSPORT D. INSI	DE CITY LIMITS?		
256 in ting d caused in attendance.	3 THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER 3 W. POTOMAC STREET			
occurre ontribu ermine regular is mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	lost birmady/	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
E 0 = 0 E	IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTI	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
or Inde	Housewife At Home	Pennsylvania	USA		
if d rect (4) U was the	MARTIN SMALL	IDA BELL KIRKPATRICH			
Z tiging	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown)(If yes, give war or dotes of service) SECURITY NO.		O Virginia Ave.		
RTA ssist the the de de	No 216-14-600	Mr. Charles A. Reichte	r Hagerstown, Md		
IMPORT or his assis Also, if the ounced do ittendance	DISEASE OF CONDITION DIRECTLY	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
or his Also adtermed	LEADING TO DEATH	AUSE achalasia, dehydrat	son 3 months		
	(This does not mean the mode at dying, e.g., heart tailure, asthenia, etc. It means the disease, injury or complication which coused death.)	S A CONSEQUENCE OF:			
fra fra en la constanta de la	ANTECEDENT CAUSES	ocarcinoma of stoma	ich 6 months		
DIRECTOR: cal examiner al examiner s; (3) A fractu cian who pre is in regular ins are embo	DISEASES OR CONDITIONS, iI ony, giving ise to the obave cause (A) stoting the UNDERLYING CONDITION last. (C)	S A CONSEQUENCE OF:			
w Sicolarica Maria	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	oid carcinoma			
JNERA chief me y a med Body bu the phy ysician	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CAL			
FU y the ital by e; (2) here No ph	OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examiner)	, in or obout 21C. WHERE DID (If in Boltimore office bldg.,	e City, give exact location)		
ved by hospi natur ept w d (6)	OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour) (Hour) 21E. INJURY OCCURRED While At Wark Not W	21F. HOW DID INJURY OCCUR?	,		
ipproof of the any (exc	22. I certify that (I) (this haspital) attended the deceased from that (I) (sa) last saw the deceased alive an	7 1	2/27 1971,		
P d d d	and hour and fram the causes stated above. (1) (Ma) (did) (did not)		man addin accounce on the date		
must be eleased crident a hospin to dear all must		Hending Med. Staff	23B. DATE SIGNED		
	23C/PH/S/CIAN'S NAME (Type)	23D. ADDRESS	Jos. it		
A A P D D D D D D D D D D D D D D D D D	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or C	REMATORY 24D. LOCATION (Cit	ty, town or county (State)		
certii body vs: (1) D.O. ased	REMOVAL (Specify) Burial March 3,1971 Rest Haven		ash.Co.,Maryland		
his how how as	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS		
F = 4 3 0 3	VS 150-REV. 1/1/68	AlbertyL. Leaf William	amsport, rid.		

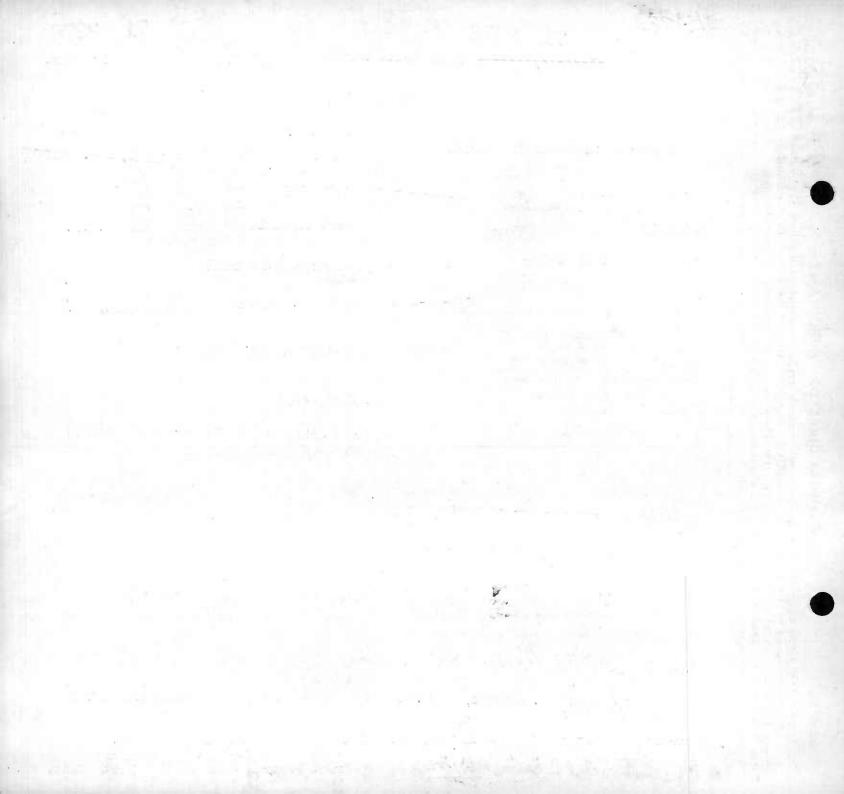


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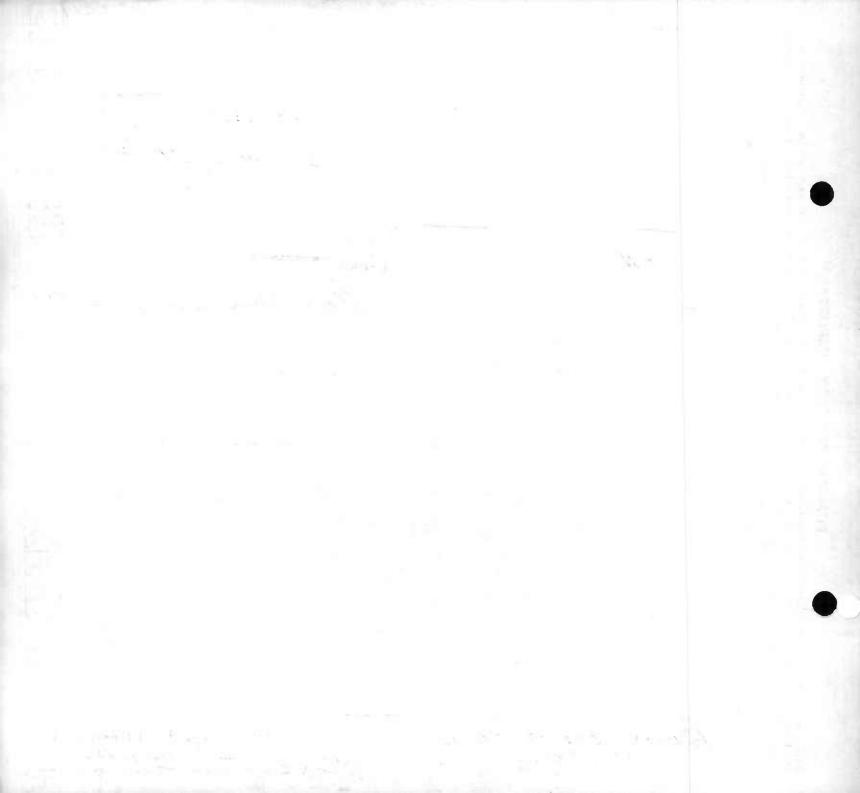
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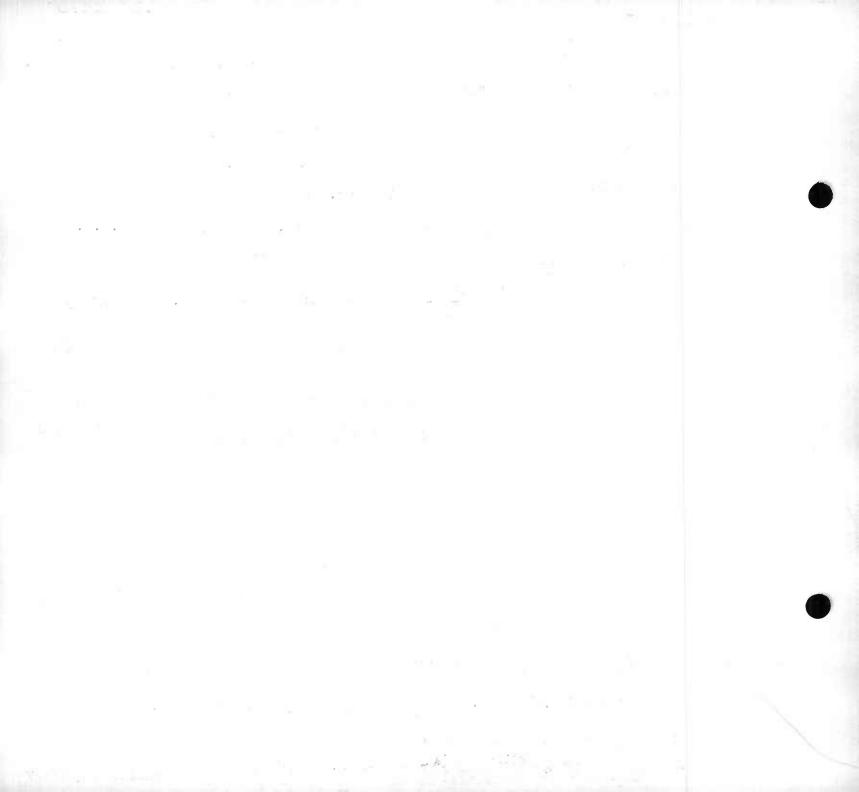
BALTIMORE CITY HEALTH DEPARTMENT



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

10	BALTIMORE CITY	HEALTH DEPARTMENT	V	11 2277			
BIRTH NO. 71 227	CERTIFICA	TE OF DEATH	REG. NO				
1. NAME OF DECEASED MARTIN,	LOLA E		HOUR OF DEATH	?. 309 m.	M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE FROM FULL NAME OF HOSMITAL OR INS HOSMITAL OR ADDRESS OR LOCATION) INSTITUTION WEMCRIAL HO.	STITUTION, GIVE STREET	LA USUAL RESIDENCE (Where A STATE B. COUNTY HARYLAND C. CITY OR TOWN Wester	BARTI		O (
44		E. STREET AND NUMBER	wich St	treet			
Widow Widow		0/10/11	AGE (In years to birthdoy) 79		√lin₀		
10A. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlate or foreign MARYLA	-	U. STATE	S		
JOHAN MARTIN		GRACE LA LATAN	DAW	SON			
15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) Uf yes, give war or dates of service	el 16 SOCIAL SECURITY NO. 2/3-22-3228	MASOME HO	ne Coc	teysuille M	d.		
heart failure, asthenia, etc. It means the diseating or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, givinise to the above cause (A) stating to UNDERLYING CONDITION last.	(B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	rebro 1000 ecident	cules			
TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART A). 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [7]		20A AUTOPSTS (Yes or No)	20B, IF YES, WERE IN CERTIFYING CA	FINDINOS CONSIDERED USES OF DEATH?			
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., thome, form, fociory, street, of etc.)	n or about 21 C. WHERE DID	(If In Boltimor	e City, give exact location)			
21D-TIME (Month) (Doy) (Year) IHous	21E INJURY OCCURRED While At Mot While Work Work At Work	* D 21F. HOW DID INJUI	Y OCCUR?				
22. I certify that (1) (this hospital) attended the deceased from 3-6 19-71 to 3-7 19-71 that (1) (we) last saw the deceased alive an 3-7 19-71 and that In(my) (aur) apinian death occurred an the date and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.							
23A. 5IGNATURE LUCIU H. COLLEGATE 23C. PHYSICIANS NAME (Type) 7 (10)	DEGREE Phy	anding Med. S	off ys.	23R DATE SIGNED 3-7-7/			
JUHN M.	CALDERON DEGREE	MATORY 24D. LOC	ATION (Ci	ity, town, or county) (S	tate)		
2/1012 3-16-1971	Philos. SE OF REGISTRAR	Ue 25C. FUNERAL DIRECTOR	sternpat	MARyland			
WAR 8 1677 1466 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Table 1	W Cook- Brook	Towson 7	ouson mo 2/2	0/-		





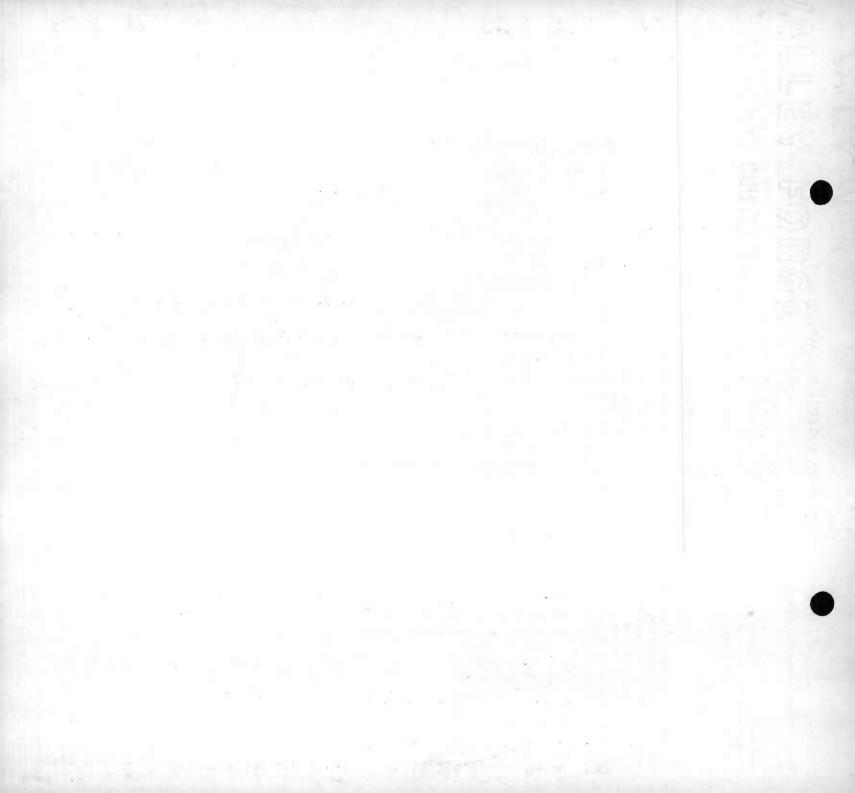
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BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

If Under 24 Hrs.



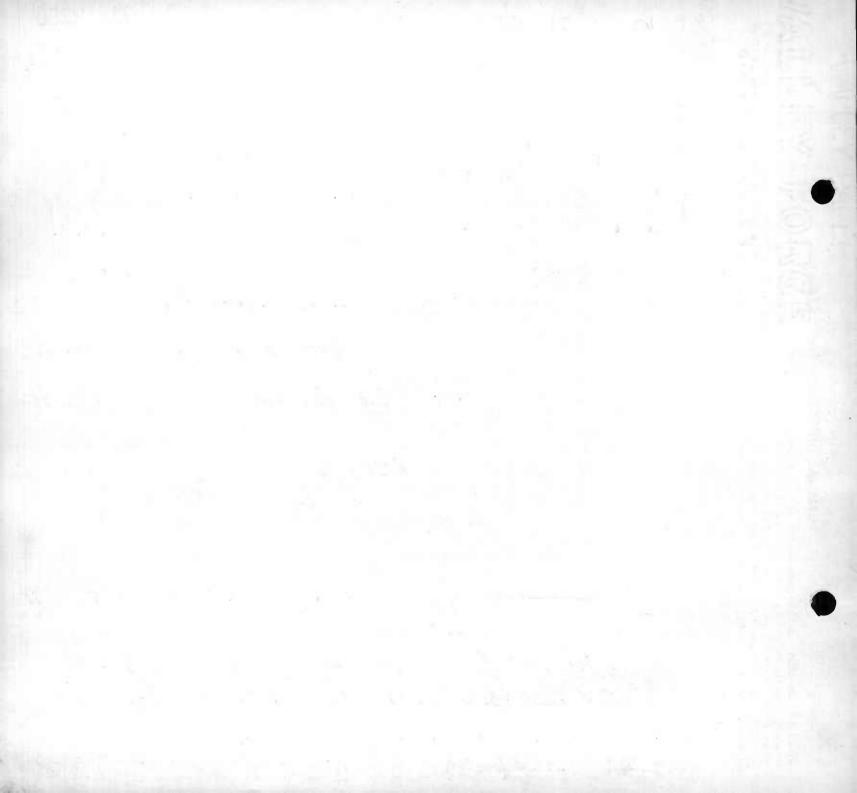
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IMPORTANT

FUNERAL DIRECTOR:

D. INSIDE CITY LIMITS YES V NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. Brickle ADDRESS Mr. Major B. Lewis, Same as # 4 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) MARCH ... ond that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED Glen Burnie, Maryland Wm. Cook-Brooks Towson, 1050 York Road Towson 1 2 Maryland VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



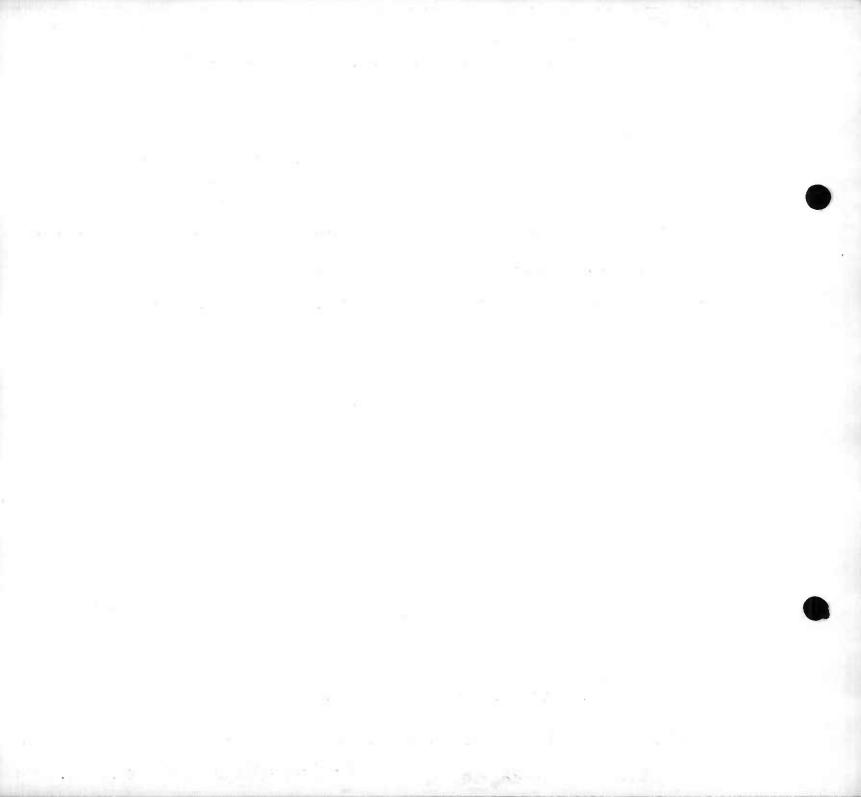




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FUNERAL DIRECTOR: IMPORTANT

1	1241			BALTIMORE CITY					
BIRTH NO.		71	2284	CERTIFICA	TE OF DEATH	REG. NO		2284	
Type or Pri	of DECEASED	Robert	Edward	d Coughlan,	Jr. 2. DATE	anch 5, 197	1 1.5	5.30 P.	
FULL NAME HOSPITAL INSTITUTION	ME OF (IF. OR AL	MARYLAND, V	TAL OR INSTIT ATION)	UTION. GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission). A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER				
5. S EX					711 W. University Parkway 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 H Months; Doys Hours; Min.				
M	1	W	WIDOWED		3-3-1899	lost birthdoy) 72	Months Doy	s Hours Min.	
done during	most of working li	ife, even if retired)	1	BUSINESS OR INDUSTRY ughlan-Green	Baltimore,	reign country) Maryland	12. CITIZEN	U.S.A.	
					14. MOTHER'S MAIDEN N				
		E. Cou		B /	Nellie W	heatley 			
Yes, no of u		U. S. Armed For give wor or dote	es of service)	16. SOCIAL SECURITY NO. 13-03-0929A	Mrs. Marg	aret W. Co		Same	
injury	at complication	o, elc. II means n which caused DENT CAUSES		DUE TO, OR AS	A CONSEQUENCE OF:	Ldicesi			
DISEA rise UNDE	ANTECE ASES OR CON In the above ERLYING CONE	DENT CAUSES NDITIONS, if e cause (A) DITION last.	death.) any, giving staling the	(B) VI DUE TO, OR AS	A CONSEQUENCE OF:	t discasi			
DISEA rise UNDE OTHER TO THE DISEAS	ar complication ANTECE ASES OR COM to the above ERLYING CONT SIGNIFICANT C E DEATH BUT N SE OR CONDITION	which caused DENT CAUSES NDITIONS, if e cause (A) DITION last. I ONDITION CO ON RELATED TO TO NO GIVEN IN PAR	any, giving slaling the ONTRIBUTING HE TERMINAL RI (A).	(B) DUE TO, OR AS	A CONSEQUENCE OF:	Vo) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CON	VSIDERED H?	
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DISEAS VO THER TO THE TO THE DISEAS 179A-D 271A-A-D 271A-D	ANTECE ASES OR CON Io the above ERLYING CONE ESTATE BUT IN SE OR CONDITIO ATE OF OPERAT CCIDENT WAS DITRIBUTING I Inolify medical IME (Month) JURY DX.) Certify that (1) (Wae) last sa aur and from t GNATURE	which caused DENT CAUSES NDITIONS, if e cause (A) DITION last. II ONDITIONS CO OT RELATED TO T IN GIVEN IN PAR TION 198. CON WAS PER UNDERLYING CAUSE OF exomined (Doy) (Yeo)	any, giving slaling the DITRIBUTING HE TERMINAL IT 1 (A). IDITION FOR TO STORMED (Hous) 21E, Why wo	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., I lee, form, foctory, street, of lee, form, foctory, street, stre	20A-AUTOPSY? (Yes or land) nor obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN 19 70 and	(if in Boltimon	P.K.S.A	19	
OTHER TO THE DISEAS TO A CONTROL OF INJ (APPRO) 21 A. AL (1 and he 23 A. Su) 23 C. PH	ANTECE ASES OR CON Io the above ERLYING CONE SIGNIFICANT C E DEATH BUT N SE OR CONDITIO ATE OF OPERAT CCCIDENT WAS ONTRIBUTING I Inotify medical IME (Month) JURY OX.) certify that (I) (we) last sa aur and from t GNATURE HYSICIAN'S AME (Type)	which caused DENT CAUSES NDITIONS, if e cause (A) DITION last. II ONDITIONS CO OT RELATED TO T ON GIVEN IN PART FION 198. CON WAS PER UNDERLYING CAUSE OF exomined (Chic hospite the causes sta	any, giving slaling the contribution for the terminal latin for the contribution for the cont	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., lie, form, foctory, street, of the complete of	20A. AUTOPSY? (Yes or land) 20A. AUTOPSY? (Yes or land) 21F. HOW DID IN 21F. HOW DID IN	(If In Boltimon JURY OCCUR? 19 (2) ta	PLCS/19 infan death ac	1919	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

IMPORTANT

FUNERAL DIRECTOR:

0,24)		BALTIMORE CITY	HEALTH DEPARTMENT	X	71 2285		
BIRTH NO.	71	2285	CERTIFICA	TE OF DEATH	REG. NO	~~00		
(Type or Print)	Edna Ri	1.16 (Edwa Dip		D HOUR OF DEATH	1 /		
3. PLACE IN BA	LTIMORE MARYLAND, WI	HERE PRONOU	NGED DEAD	4. USUAL RESIDENCE (Whe	re deceosed lived. Il inst	itution: residence belore admission		
				A. STATE B. COUN	ITY	P. 17		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION	NON, GIVE STREET	C.CIDEOR TOWN	ANd -	DALIMOR		
			1301+			E CITY LIMITS?		
Good	SAMARITAN	Hosi	pital	E. STREET AND NUMBER	eac.	YES NO		
45				1 222 / /	Land Par	1. 21204		
5. SEX	6. RACE	MARRIED	NEVER MARRIED		9. AGE (In years			
F	$ \omega $	WIDOWED		03/39/97	9. AGE (In years last birthday) 72	If Under 1 %. If Under 24 Hrs. Months Doys Hours Min.		
IOA. USUAL OCC	UPATION (Give kind of work			11. BIRTHPLACE (State or lote	on country!	12. CITIZEN OF WHAT COUNTRY		
oone guring most of	working life, even it refired)					4 4 2 4		
HOOS		OWN	Home	BALTIMOR		U.S.A.		
0/	-/ F.A			14. MOTHER'S MAIDEN NA!	ME			
(h)	TRIES i VO	RSEN	/	ANNIE E	. GIVVI	NES		
). Was Deceased Yes, no or unknown	Ever in U. S. Armed Forc	of service	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
NI			214.22:7016	MAS. THOMA	C / ///	21212		
18.	201	- 1	LAUSE OF DEAT		S L. HURST	APPROXIMATE INTERVAL		
DISEA	SE OR CONDITION DIRE	CTLY				BETWEEN ONSET AND DEATH		
	LEADING TO DEATH		4.19414504475 044	- Peranatan	Carties me	ext Immed		
(This does a	not mean the mode of	lying, e.g.,	DUE TO, OR AS	SE Resperatory A CONSEQUENCE OF:	1 - var an	and or or or or		
injury or con	asthenia, etc. It means to application which caused o	he diseose, leath.)						
	ANTECEDENT CAUSES			in deanne	10-			
	(a)							
rise to the	(1126 to the above cause (A) signing the							
UNDERLYING	G CONDITION lost.		(c)					
Z	- 11							
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	HEANT CONDITIONS CON	TRIBUTING						
DISEASE OR C	ONDITION GIVEN IN PART	1 (A).	***************************************					
DATE OF	OPERATION 198. COND. WAS PERFO	RMED	IICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUSE	DINGS CONSIDERED		
1 21A ACCIDE	T WAS IIMPERIOR	1000 00		yes				
OR CONTRAINS	T WAS UNDERLYING	home,	iace OF INJURY (e.g., in fam, factory, street, of	ar about 210. WHERE DID	(Il In Boltimore C	lity, give exact location)		
	medical examined	etch						
21 D. TIME OF INJURY	(Month) (Doyl (Year)		NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
(APPROX.)			While At Not While At Work					
22. 1 contin	that (W/this basets-1)			2/40		-		
	22. I certify that (§ (this hospital) attended the deceased from 12 22 19 20 to 3 6 19 7/ that (§ (we) last saw the deceased alive on 3 6 19 7/ and that in (**) (our) pointed death occurred on the date							
			3/6	19and the	nt in (mp) (our) opinio	n death occurred on the date		
and hour and	from the causes state	d above. (1)	We) (did) (di d not) vi	ew the body after death.				
23A. SIGNATU	7 . 0 . /	1 0	100			B. DATE SIGNED		
2	Villean H	lan	6 MDEGREE Phys	ding Med.	Staff Phys.	3.6.71		
23C. PHYSICIA NAME (T	N'S	0	DEGREE	3D. ADDRESS	-	4/		
	WILLIAM	4	CARTER	Crown Co	mant.	1600		
4A. BURIAL CRE	MATION, 24B. DATE	24C. NAM	LE of CEMETERY OF CRE	MATORY 124D 10	CATION (City,	14 00		
Burial	3-9-197		udon Park (Baltimore,	town, or county! (State) Md.		
					Datelli loi e,			
MAR 8		B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	ins & Sons (ADDRESS		
	1911 Obbert E.	Jaben A	10 1	7 4905 en	ins & Sons (rk Road Bal	to., Md. 21212		
S 150-REV- 1/1/	5.8	THE PARTY NAMED IN						

415: 10 41 7

DIRECTOR:

VS 150-REV. 1/1/68

NOF

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

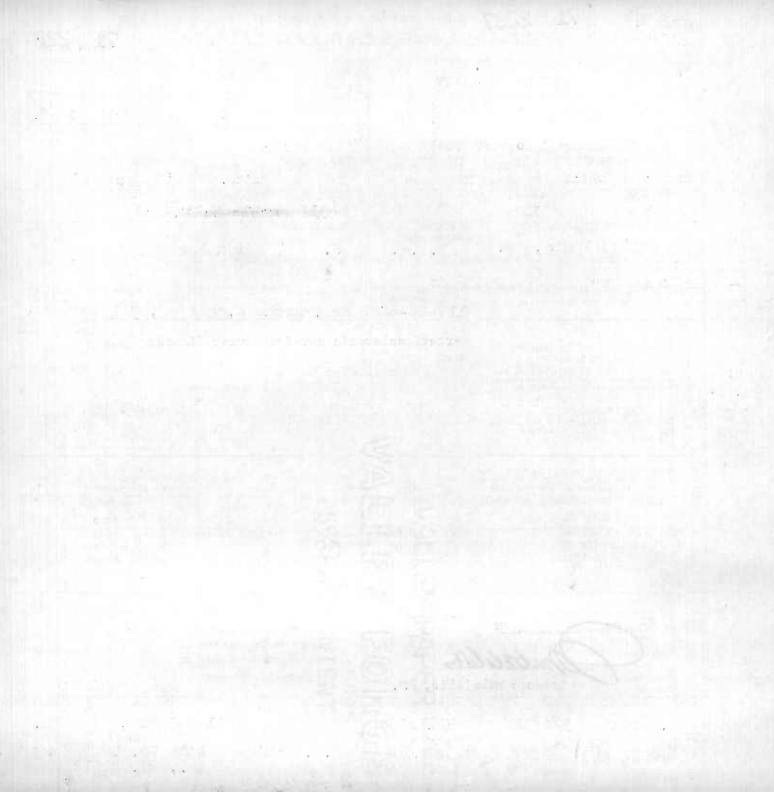
Md.

Md. 21212

ADDRESS

If Under 24 Hrs.

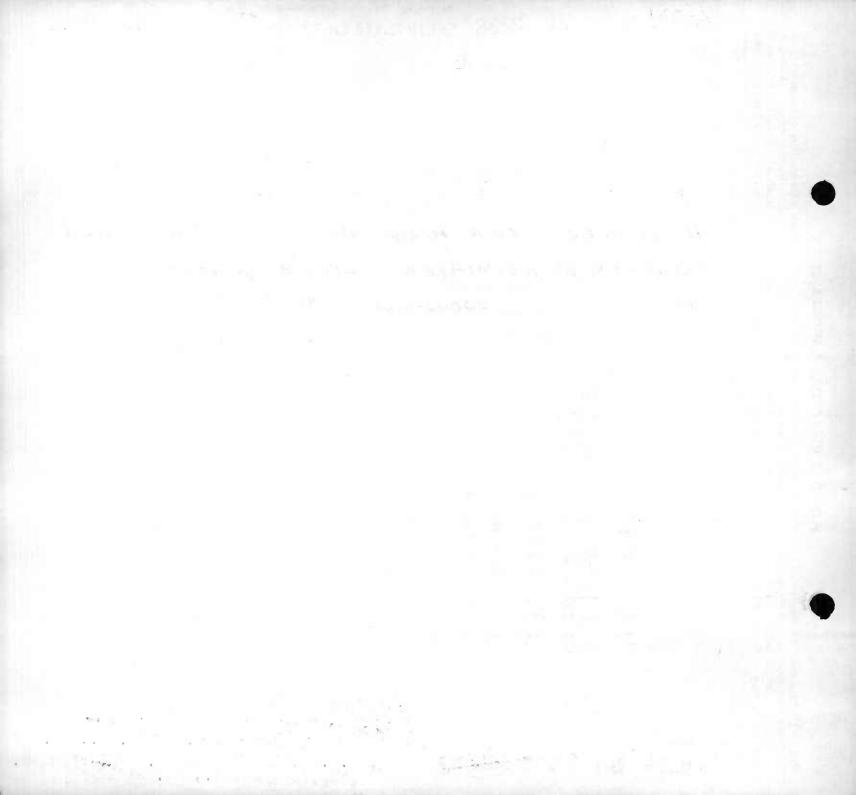




IMPORTANT

DIRECTOR:

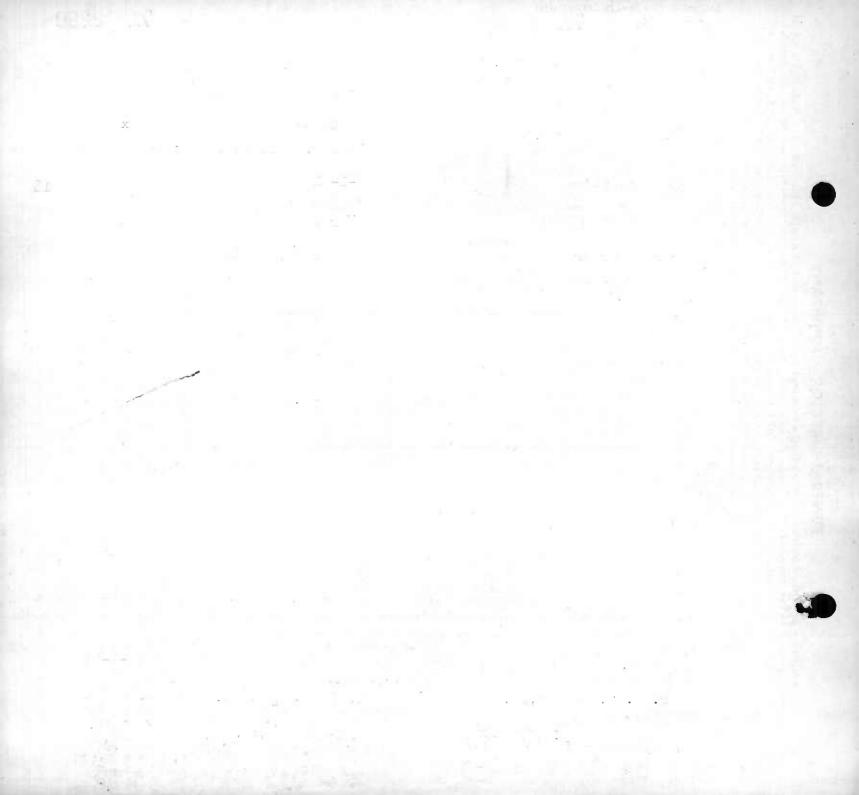
FUNERAL



BALTIMORE CITY HEALTH DEPARTMENT
#-536 71 2289 CERTIFICATE OF DEATH REG. NO. 71 2289 4
Type or Print Baby Boy Henderson 2. Date and Hour of DEATH 3 19 17 10 05 AM
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where doceosed lived, If institution residence before odmission) A, STATE B, COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS?
Church Home and Hospital Baltimore YES NO []
Baltimore MD 21231 100 MBroodway street
5. SEX HALE WIDOWED DIVORCED 3 2 1 9. AGE in years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min. One Fry
done during most of working life, even if refired) WM 1 SA A
TERRY HENDERSON 14. MOTHER'S MAIDEN NAME
15. Wos Decessed Ever in U. S. Anned Forces? 16. SOCIAL 17. INFORMANT ADDRESS
(Yes, no or unknown! (If yos, give wor or dotos of service) SECURITY NO. Or A: To you have the service of the
CAUSE OF DEATH
LEADING TO DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not meen the mode of dying, e.g., heart foilure, osthenia, etc. If means the disease, but TO, OR AS A CONSEQUENCE OF CONSEQUENCE O
injury or camplication which coused death)
ANTECEDENT CAUSES (B) Premativation from house
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last.
ONDERLING CONDITION IGST. (C) 1977 WOOD END IN MINISTER
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL I DISEASE OR CONDITION GIVEN IN PART 1 (A).
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bolitmore City, give exect location) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bolitmore City, give exect location) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bolitmore City, give exect location) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bolitmore City, give exect location) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bolitmore City, give exect location) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bolitmore City, give exect location) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bolitmore City, give exect location) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bolitmore City, give exect location) (If in Bolitmore City, give exect locatio
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work
22. I certify that (+) (this hospital) attended the deceased from 3/2 19 71 to 3/2 19 7/
that (We) last saw the deceased alive on 2 / 2 19 7 and that in (we) (aur) apinion death occurred on the date
and hour and from the couses stated abave. (We) (did) (did w) view the bady after death.
Attending Med. Staff 3/3/1871
23C. PHYSICIAN'S NAME (Type)
24A. BURIAL CREMATION, 124B. DATE 124G. NAME of CEMETERY OF CREMATOR 124G. DEGREE 124G. NAME of CEMETERY OF CREMATOR 124G. DEGREE 124G. NAME OF CREMATOR 124G. DEGREE 124G
REMOVAL ESpecify! 3-4-7/ INUNE HODVING MEDICAL COMMONS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
MAR 8 1971 OGBEG & Jankey MAR, 30 MORTHARY SERVICE - BCHD

122 N. Portst.

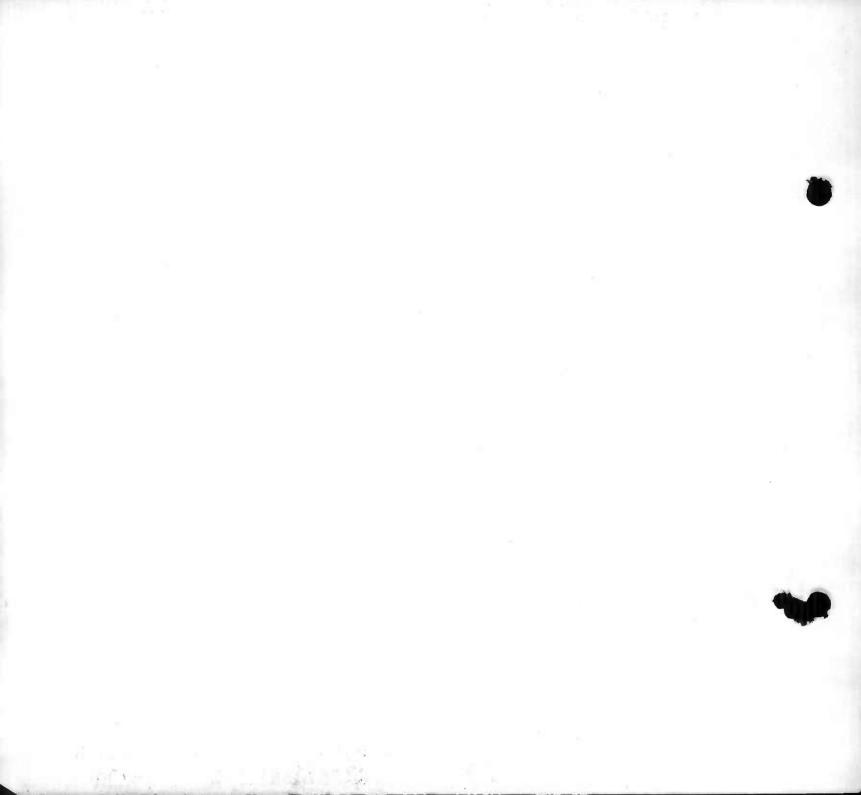
V-6/6	5 71	2200		HEALTH DEPARTMENT	REG. NO	71 2290 4
RTH NO.	71-03394 CEASED	4600	CERTIFICA	TE OF DEATH	AND HOUR OF DEAT	
(Type or Print)	BABY GIRL	YARE	BER		rch 1.1971	3,50 P. M
3. PLACE IN BAIL FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC		UTION, GIVE STREET	A HISHAL RESIDENCE IV	Baltimore	institution: residence before admission) 2608 ISIDE CITY LIMITS?
	hurch Home and Hospital					YES 🗂 NO 🗌
35				STREET AND NUMBER		reet 21224
female	6. RACE White	7. MARRIED WIDOWED	DIVORCED [8. 3ATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours 1 Min.
	UPATION (Give kind af warl working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	Maryland	oreign country)	12, CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA Edward	Yarber			14. MOTHER'S MAIDEN N Georgeanna		
	d Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18.	9.7	7.00	CAUSE OF DEATI	1		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DISEASES	aslhenia, etc. Il means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last.	death.) any, giving	(B) PREMA	TURE RUPTUA A CONSEQUENCE OF:	RE OF MEMB	RANES
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL	,			
#IN	F OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner	21 l hor etc	ne, farm, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltim	ore City, give exoct lacotian)
21D. TIME OF INJURY (A PPROX.)	(Month) (Doy) (Yeor)		ile At Nat While At Work	21F. HOW DID I	NJURY OCCUR?	
	that (I) (this hospital)			MARCH 1	197/ to thot In(my) (our) or	MARCH (197/
ond hour on	d from the couses sto	ted obove. (I) (We) (did) (did not) v	iew the body after deat	h.	238, DATE SIGNED 3-1-71
23C. PHYSICH			GEOREE	Med. Director Director 3101 St. par	Shaff Phys. al St.) -th- (-th-
24A. BURIAL CRE	Specify) 248. DATE	7/24C.N	AME of CEMETERY OF ATT	M-TOMY BOA	RD-OF MA	(Stote)
MAR Q	BY HEALTH DEPT.		OE REGISTRAR	HNS-MOPKIN	S MEDICA	L SCHOOLESS
VS 150-REV. 1/1/			10	MURIUM	SEXTICE	



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



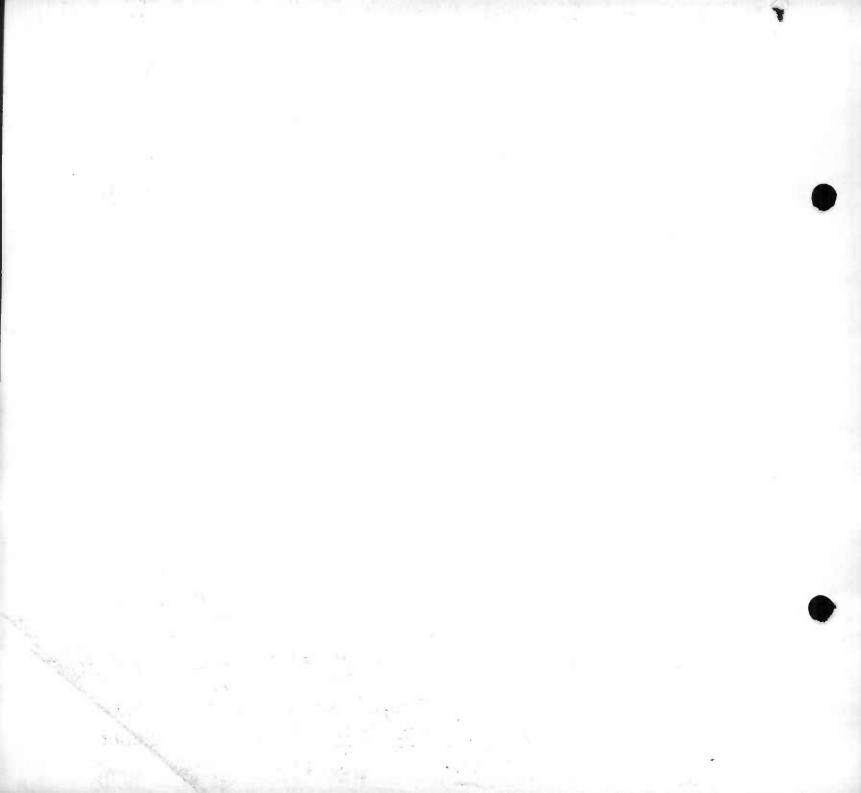
MAR 8 7

5 3/1	BALTIMORE CIT	Y HEALTH DE	PARTMENT		71	2292
BIRTH NO. 71 2292	CERTIFICA	ATE OF	DEATH	REG. NO	1/1	RROR
I.NAME OF DECEASED			2. DATE A	ND HOUR OF DEAT	Н	2/
181816 N313H	JNG		2	112/71	1	1200A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED		M. SIAIL	a. coo	NII	institution;	esidence belore admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	C. CITY OR TO	Pr. G	eorges	ISIDE CITY L	6600
483		tail	61 Hours	alipu	YES	No □
30 UNIVERSITY		E. STREET A	ND NUMBER	00.20	0,,	0
S. SEX 6. RACE 7. MARRIED NEV	VER MARRIED	8. DATE OF	IRTH	9. AGE (In years	If Unde	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
WIDOWED	DIVORCED	9-2	4-14	lost birthdoy)	Months	Doys Hours Min.
0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN one during most of working life, even tf retired)	ESS OR INDUSTR	Y 11. BIRTHPLA	CE State or for	eign country!	12. CITI	ZEN OF WHAT COUNTRY
		t, t	S, C.			DRS (
3. FATHER'S NAME			S MAIDEN NA			
WILLIAM		Br	ANCHS			
5. Wes Deceesed Ever in U. S. Armed Forces? 16. SO 16. SO SE(CIAL CURITY NO.	17. INFORMA		2		ADDRESS
		SPR	OMI.	ROUE ?	57. t	408P.
	AUSE OF DEA	TH			1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY						BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CA	USE (S	EPIRA.	TORY AR	12395	
heart failure, asthenia, etc. it means the disease.	DUE TO, OR AS	A CONSEQUEN	CE OF:			
injury ar complication which caused death.)						
ANTECEDENT CAUSES	(8) 47	MONIDS	70 A	LUNG		
DISEASES OR CONDITIONS, it any, giving rise to the obove couse (A) stoting the	DUE TO, OR A	S A CONSEQUE	NCE OF:			
LINDEN VINC CONDITION .	(c)		****			
, II , I						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OBERATION	120 A A4450	David (V	V 000		
WAS PERFORMED		20A. AUTO	PSY? (Yes or N	IN CERTIFYING C	FINDINOS AUSES OF I	CONSIDERED DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE		in or about 21 CX	WHERE DID	(II In Rolling	ara Citu alu	e exact tocation)
DEATH (notify medical examined)	OF INJURY (e.g., foctory, street, c	office bldg., INJU	RY OCCUR?	fri in politim	ore City, give	e exoct locotion;
OF INJURY	CCURRED	21 F.	HOW DID IN	URY OCCUR?		
(APPROX.) While AI Work	Not Whi					
22. I certify that (i) (this haspital) attended the dece	osed from	1-18		19 110 2	- 11	19 7
that (1) (we) last saw the deceased olive an	2-11	19	1			h accurred an the date
and hour and from the causes stated above. (1) (We)	(did) (did nat)	view the bady				
ZA. SIGNATURE					23 B. DAT	E SIGNED
down Il Coals	DL.	ending	Med. Director	Shaff Phys.		
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		/ 3		
The state of the s	, II					
IA. BURIAL CREMATION, 248, DATE 24C. NAME of	CEMETERY OF THE	ET I D MA	A SALIDA	SEATON LA FE	Har B was &	(Stotel
REMOVAL (Specify)	All	MARKE	DAUME	BARD MAR	阿凡 人用	MANU
SA. DATE REC'D ST REALTH DEPT. 258 NAME OF REGIS	TRAR TO	HAMME	REFEE.	MEDICAL	COM	And less
MAR 8 1977 Oblean A. Sadday MA	0 5	MOMBE	PW LEE	ALTO LOGI	368	AAR

IMPORTANT

DIRECTOR:

FUNERAL



	7-630 71 2294 BALTIMORE CITY	HEALTH DEPARTMENT / 71 2294 -
	SIRTH NO. 21-03539 CERTIFICA	TE OF DEATH REG. NO.
	1. NAME OF DECEASED (Type or Print) RARY	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where docoosed lived, if institution; residence before odmission)
		A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY, OR TOWN D. INSIDE CITY LIMITS!
		Baltemore YES NO
4	UNIVERSITY OF MARYLAND	E. STREET AND NUMBER 2014 Madison and
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	2/22/71 last birthdoy) Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
. []	BERNARD FAISON	DEBORAH FORD
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
	SECONIII NO.	
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	B. JOOKIA
	(This does not meen the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	SE A CONSEQUENCE OF:
	injury or complication which coused death.)	
	(B)	MON ARY IMMITURITY A CONSEQUENCE OF:
	rise to the above cause (A) stating the	REMATURITY
	ONDERLING CONDITION (ask (c)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION	120A AUTOBOX2 (V
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yos og Noil) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in home, form, lactory, street, of	or obout 21C, WHERE DID (If In Boltimore City, give exact location)
	O DEATH Inatify medical examiner	
	21D-TIME (Manth) (Doy) (Yoor) (Haud) 21E, INJURY OCCURRED OF INJURY IAPPROX.) Not While At Nork At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased from	134 2/22 197/ 10 11 130 2/22 1971
	that (I) (we) last sow the deceased alive on 7/22/7	and that in(my) (our) opinion death occurred on the date
	and hour and fram the causes stated above (1) (We) (did) (did not) vi	
	Down All II Dhanne MO Atter	ading Med. Staff
	DEGREE	3D. ADDRESS
	Kennett HOFEMAN MO	NATION FRAITING OF LOSELITAS
	REMOVAL (Specify) 248 DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION AVAILABLE (Stote)
	2-20-11	NIVERSITY MEDICAL SCHOOL
	MAR 8 1971 Robert E. Jacker R. O. O.	MORTUARY SERVICE - BCHD RESS
IF	SHALL OF SALE AND	MUNITURNI SERVICE - DOND



	1 - 2001 BALTIMO	RE CITY HEALTH DEPARTMENT 71 2295
) e	71 2295 CERTII	FICATE OF DEATH REG. NO.
1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	Kobert W. Lewis	MArch 4 7/ 1 345 Am
- -	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	MARY And General Hospita	The state of the s
	SEX 16. RACE 17. 44 A DOUGH TO A LITTLE DOUGH	3214 Milford Ave. 2802
	MALE White WIDOWED DIVORCE	ED 7 /20 /97 lost birthdoy 73 Months Doys Hours Min.
	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	PXXXXXXXXXX Dept Head-Internal I	Rev. MARY ANd U.S.A.
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Owen Lewis	Mary Smith
1113	was Deceased Ever in U. S. Armed Ferces? 15. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	SECURITY NO SECURI	7619 Elsie L. Lewis-3214 Milford Avenue 21207
	18. / S / Y CAUSE OF	DEATH APPROXIMATE INTERVAL
		Hypovolemic shock BETWEEN ONSETAND DEATH
	LEADING TO DEATH	
	heart foilure, asthenia, etc. It means the disease.	, OR AS A CONSEQUENCE OF:
	injury or complication which caused death.)	
	ANTECEDENT CAUSES	cerntion of tumor c Bkeding / week.
	rise to the above cause (A) stating the	OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C) Acc	ENO CARCINOMA of Stomach (Months
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
AT.	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	rumometorie
CEPTIEICATION	19A-DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CALLSES OF DEATH?
EB	21A. ACCIDENT WAS UNDERLYING 21B PLACE OF INJUR	itomach
MEDICAL	OR CONTRIBUTION OF THE PARTY OF	IT (e.g., in or about 21C. WHERE DID (if in Baltimore City, give exact location)
	21D. TIME (Month) (Doy) (Year) (Heur) 21E INJURY OCCURR	IED 21F. HOW DID INJURY OCCUR?
N.	I [A PPP DE A I I I I I I I I I I I I I I I I I I	lot While
	22. I certify that (I) (this hospital) attended the deceased from	
	that (i) (we) last saw the deceased alive an MARC	m MARCH 3 19 71 to MARCH 4 19 71 h 4 19 7 (and that in(my) (our) apinion deoth occurred on the date
	and hour and from the couses stated above. (1) (We) (did) (did	
	23A. SIGNATURE	238, DATE SIGNED
	Elit of lefter DECK	Attending Med. Staff Phys. 3-5-2/
	23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24	A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY REMOVAL (Specify)	et CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 3-6-1971 Woodlawn Ce	
25	A. DATE REC'D BY HEALTH DEPT. 25E NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	MAR 9 1971 Obber E Harbers 140. 0	Armacost Funeral Chapel-4600 Liberty Hts
VS	150-REV. 1/1/68	

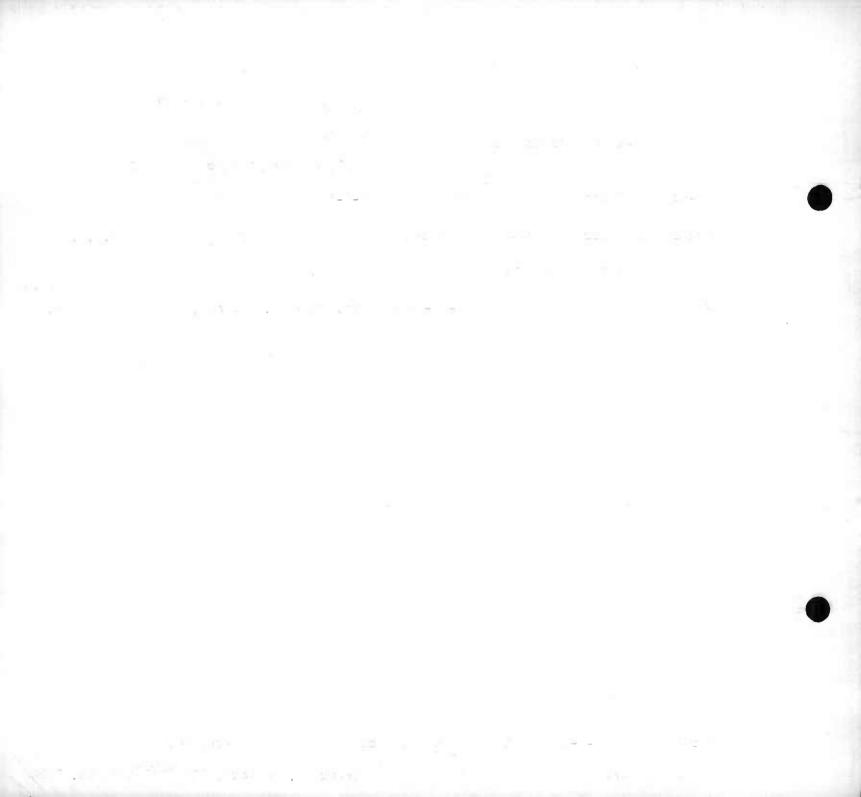
Tarke the last transfer to the last transfer transfer to the last transfer transfer to the last transfer transf

if you have the letter than a

<	5-120	71 22	0.0	Y HEALTH DEPARTMENT	X	71 2296
1,1	NAME OF DECEASED	/ / /	JOO CERTIFICA		AND HOUR OF DEATH	
100	pe or Print STEVE	N	SOVICH	- 97	not El	97/1 9:10 8.
3.	PLACE IN BALTIMORE, MAI	YLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (VA. STATE	Where deceased lived. If i	nstitution residence before admission)
FL	ILL NAME OF (IF NOT	IN HOSPITAL OR II	NSTITUTION, GIVE STREET	Maryland	Bal timo:	re 5300
IN	ZILIALIÓN		A	C. CITY OR TOWN		SIDE CITY LIMITS?
Ι.		allo Sta		Essex 2122		YES NO KC
		now, md	. 21218	700 S. Mar	rlyn Avenue	
5.	MAL 6. RACE		RIED NEVER MARRIED DIVORCED	Oct. 13, 189	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10/	USUAL OCCUPATION (GIVE	kind of work 108, KIN	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or	fareign country)	12. CITIZEN OF WHAT COUNTRY?
do	R4 cross		Shinning	Casabaalam	1.4.	
13.	Rigger FATHER'S NAME		Shipping	Czechoslova		USA
	Matteo Sov	d ala				
15.			1 6. SOCIAL	17. INFORMANT	re Rubinich	
(Ye	Wes Deceased Ever in U.S. s, no or unknown! (If yes, give	wor or doles of serv	SECURITY NO. 153 016949	Mary E. Sovice	ch Same	A DDRESS
_	18. / 6. 5. /		CAUSE OF DEA		Daille	APPROXIMATE INTERVAL
	DISEASE OR COND	ITION DIRECTLY				BETWEEN PHISET AND DEATH
	LEADING TO		Brow		neinoma	of Ayens
	(This does not mean the	mode of dying,	e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:	ma with	TO TRESE
	heart failure, osthenia, etc.	in means the dise th caused death.)	ease,		i n i	
	ANTECEDENT	CAUSES		·W	utasta sua	•
	DISEASES OR CONDITIO	ONS. if any. of	ving DUE TO, OR A	A CONSEQUENCE OF:		
	risa to the obove co UNDERLYING CONDITION	use (A) stoling	ine			
		* ****	(C)	***************************************	*************************	
Z	OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTE	NG			
ATIC	TO THE DEATH BUT NOT REPORTED ISEASE OR CONDITION GIVE	ATED TO THE TERMIN	NAL			
CERTIFICATION	19A. DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
ERT		WAS PERFORMED		NO	IN CERTIFYING CA	USES OF DEATH?
MEDICAL CI	21A. ACCIDENT WAS UNDOR CONTRIBUTING CAUS DEATH (notify medical exami	ERLYING DE OF	21B. PLACE OF INJURY (e.g., home, farm, factory, street, cetc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Baltiman	re City, give exoct location)
EDI	21 D. TIME (Month) (Do	yl (Yeor) (Haur)	21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
Z	(APPROX.)		While At Not Whi			
	22. I certify that (1) (this	hospital) attend	ed the deceased from	2/3	_19_7_/ to3_	107/
	that (I) (we) last saw the		A -	197_/ond	-	nion death occurred on the date
			e. (I) (We) (did) (did not)			The dollar
	23A. SIGNATURE	LD)				23B. DATE SIGNED
	7	J. Jan	Dh.	nding Med. Director	Shoff Phys.	3/5-/71
	23C. PHYSICIAN'S NAME (Type)		DEOREE	23 D. ADDRESS	0 7	
	K140-	SION 6 7	TAW, MD	(Montebul	lo State H	opital Baltonor, In
24/	BURIAL CREMATION, 248.	DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (Ci	ty/ town, or county) (Stote)
E	REMOVAL (Specify)	8/71	Holy Redeemer C			N. Carlotte
			ME OF REGISTRAR	25C. FUNERAL DIRECT	Baltimore Mar	yland Address
M		est E. Harbe	AMEN O J			1407 Eastern Ave.
VS	150-REV- 1/1/68					THE PASCELLI AVE.

1 = " , = 4296. m or vi t knoth

11							mi4 0000m	
B	5-363	71	2297		TE OF DEATH	V	71 2297	
	NAME OF DECE		- /	/	2. DATE	AND HOUR OF DEAT	Я	
IL.	rpe or Print)	harles B		e wart.		3 / 7 .		10 10 11
3,	PLACE IN BALT	MORE MARYLAND, V	HERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before	e odmission)
FL	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Maryland C. CITY OR TOWN	Baltimo	Log	300
111	SITUTION				Woodlawn	D. IN	YES NO	7
	48	Maryland Gen	eral Ho	spital	E. STREET AND NUMBE	••		
5.	SEX	6. RACE	7		5521 Clifto		21207	
	Male	White	WIDOWED		3-4-1883	9. AGE (In years tast birthdoy) 88	II Under 1 Yr. II U Months Days Hour	nder 24 Hrs. Min.
do	A. USUAL OCCU	PATION (Give kind of worl orking life, even il retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	loreign country)	12. CITIZEN OF WHA	T COUNTRY?
_	Retired E		Kerna	ns Hospital	Virg	inia	U.S.A.	
_	FATHER'S NAM	0			14. MOTHER'S MAIDEN		0,0,11,	
	C	harles S	tewart		Unknown			
15.	Was Deceased	Ever in U. S. Armed For	cas?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(16	s, no or unknown)	(If yes, give war or date	s ol service)	SECURITY NO.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21207
ľ	18.			216-03-9944 CAUSE OF DEATH		. Stewart, 5.	521 Clifton A	
MEDICAL CERTIFICATION	IThis does not heart failure, a injury or comp or injury or comp or insert to the UNDERLYING OTHER SIGNIFICATION OTHER DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (notify to Find Unit)	OR CONDITION DIL EADING TO DEATH It mean the mode of sistenia, etc. It means dication which caused NTECEDENT CAUSES CONDITIONS, if above cause IA) CONDITION lost. II CANT CONDITIONS COL BUT NOT RELATED TO TO NOT RELATED TO NOT RELATED TO TO NOT	dying, e.g. the disease death.) any, giving slating the stating the TERMINAL I 1 (A). DITION FOR MED	(B) Carc/ DUE TO, OR AS (C)	or obout 21 C, WHERE DIE ice bldg. INJURY OCCUR	No) 208, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
2	(APPROX.)		W	nile At Not While				
	22. I certify t	hat (I) (this hospital) attended t	the deceased from	2-24	19_2/ta	3 - 4	19 7/
		ost saw the decease			19 <u>7</u> /ond	that In (my) (our) or	otation death accurred	on the date
	and hour and	from the causes stat	ed abave. (l) (We) (did) (did nat) vi				
	23A. SIGNATUR						23B, DATE SIGNED	
		Il fly	neva	Distant	ding Med.	Staff Phys.	3.4.71	
	23C. PHYSICIAN NAME (Typ	Aleiand	vn Se	DEGREE	Maryland	Genetal	Hospital	
24/	BURIAL CREM	ATION, 248, DATE		AME OF CEMETERY OF CRE			City town or country	(State)
	REMOVAL (Sp	ecily)					City, tawn, or county)	(Statel
-	urial	3-8-197		don Park Cemet		altimore, Ma		
	MAR 9	1971 Robert	E Jal	of registrate	Howard H. H		Wilkens Ave.	21229
VS	150-REV. 1/1/68							



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

	3-420 71 2298		HEALTH DEPARTMENT TE OF DEATH	X REG. NO	71 2	298
	NAME OF DECEASED			AND HOUR OF DEATH		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	YS AMELIA	MARC	H 05, 1971		8:15A M.
			4. USUAL RESIDENCE (WI	INTY	stitution: residence	before admission)
H	JLL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	BALTIMORE D. INSI	DE CITY LIMITS?	5301
	40 ST. AGNES HOSPIT	TAL	E. STREET AND NUMBER		YES	NO[X]
5.	SEX 6. RACE 7. AS AN	RIED NEVER MARRIED	8. DATE OF BIRTH		227	
		RIED NEVER MARRIED DIVORCED	01 13 04	9. AGE (in years last birthday)	If Under 1 Yr. Months Days	Il Under 24 Hrs. Hours Min.
10,	LUSUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reion country)	II2 CITIZEN OF	WHAT COUNTRY?
do	during most of working life, even if felired			ough outling,	12. CHIZEN OF	MHY CODNIKE
13.	RETIRED BUYER	STORE, Woolworth	MARYLAND 14. MOTHER'S MAIDEN NA		U.S.	Д
			14. MOTHER, 2 WAIDEN NA	AME		
	Was Decored From In U.S. Amend Former?	1 6. SOCIAL	MAGGIE ACT	ON		
(Ye	Was Deceased Ever in U. S. Armed Farces? s,na ar unknown) (If yes, give war or dates of sen	SECURITY NO. 213 03 943		ENS AVE BAL	TO MODE	1229 TON &
A	18. 20/XI	CAUSE OF DEATH		or The Man	APPROX	MATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		11 / 1	7	BETWEEN	ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU		disease	4	mouths
	heart failure, asthenia, etc. It means the disc	ease, DUE TO, OR AS A	CONSEQUENCE OF:			supposed places
	injury or complication which caused death.)					
	ANTECEDENT CAUSES	(B)	**************************************			
	DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stoling UNDERLYING CONDITION last,	the (C)	CONSEQUENCE OF:			***************************************
	11	(5/************************************				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG			1	
CATION	DISEASE OR CONDITION GIVEN IN PART 1 (A)	NAL				
CERTIFIC	19A-DATE OF OPERATION 19B CONDITION I WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208 IF YES, WERE FI	NDINGS CONSID	ERED
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in hamo, form, factory, street, offi	or obout 21 C. WHERE DID	(If In Baltimare	City, give axact to	cotion)
MEDI	21D.TIME (Manth) (Doy) (Year) (Haur) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While	21F. HOW DID IN	JURY OCCUR?		
		Work At Work				
	22. I certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive	ed the deceased fram F on MARCH 05	are at	1971 to MARC not In (my) (aur) apini		19.7.1
	ond hour and from the couses stated abav		, , , , , , , , , , , , , , , , , , , ,	in this tool ability	dit death accur	red on the dote
	23A. SIGNATURE		w the bady offer death.		23 B. DATE SIGNED	
	Serrani de	Atten	ding Med.	Stoff Phys.		
	23C. PHYSICIAN'S	DEGREE Phys.	D. ADDRESS DALT		03/04/	/ 1
	NAME (Type)	300	DALI	0,MD 21229	011 6 1411	KENIC AND
24A	VICTOR BENAVIDES BURIAL CREMATION, 124B. DATE 24	C. NAME of CEMETERY OF CREA	ST. AGNES HO			
	REMOVAL (Specify)				town, or county)	(State)
	urial 3-9-1971 DATE REC'D BY HEALTH DEPT. 268 NA	Cedar Hill Cemet		itchie Hwy.,		
M	AR 9 1971 Page & Laid	ME OF REGISTRAR	Howard H. Hu		ADDR Vilkens Av	
15	150-REV. 1/1/6B					/

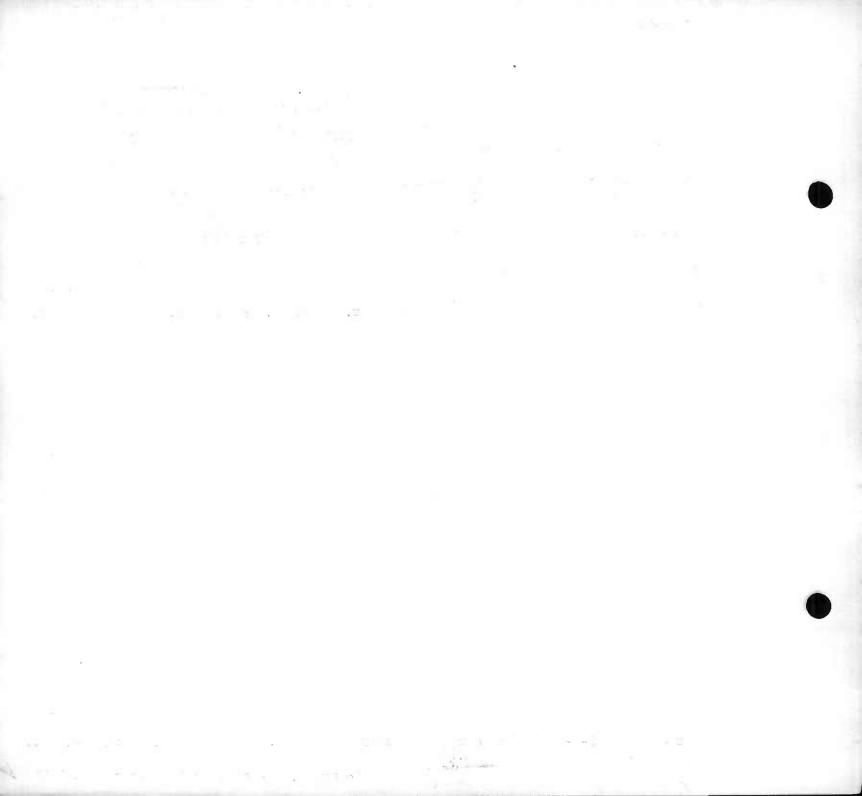
5-53	21) 74	2000		HEALTH DEPARTMENT	/	71 2299
BIRTH NO.		2299	CERTIFICA	TE OF DEATH	A REG. NO	
1. NAME OF DE (Type or Print)	CHARL	OTTO	T COINTEN		AND HOUR OF DEATH	
3 PLACE IN SA			J. SCHMIDT	Marc	,	3:30 P.
M PLACE IN SA	ALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	A. STATE B. COL	here deceased lived, II	institution: residence before admission
FULL NAME OF	F (IF NOT IN HOSPI	TAL OR INSTIT	UTION. GIVE STREET	Maryland	Baltime	ore 5300
NSTITUTION	ADDRESS OR LOC	AHON		C. CITY OR TOWN		SIDE CITY LIMITS?
111	St. Agnes	Hospital		Arbutus		YES NO
10	Caton & Wi			E. STREET AND NUMBER		
- SEX	16. RACE			5015 Leeds A		
emale	White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11-13-1898	9. AGE (in years last birthday)	Months Doys Haurs Min.
OA, USUAL OCC	UPATION (Give kind of wor	108 KIND OF		11. BIRTHPLACE (State or la	72	No Civis
ione during mast of	working life, even it relifed)			The second second second	reign country)	12. CITIZEN OF WHAT COUNTRY
Housewi 3. FATHER'S NA				Marylan		U.S.A.
# PAIMER'S NA	ME			14. MOTHER'S MAIDEN N.	AME	W 4 M 4 T 4
(Unknown (Derr		IInles are		
5. Wos Decouse	d Ever in U. S. Armed Fo	rces?	16. SOCIAL	Unknown 17. Informant		ADDRESS 0100:
No	7 say give wor of odi	A 01 901A(CO)	SECURITY NO.	3/		2122
18.	0 0		215-09-8298 CAUSE OF DEATH	Mrs. June M.	Bartschert,	5015 Leeds Ave.
37	SE OR CONDITION DI	DECTIV	A A	1	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DiseA	LEADING TO DEATH	RECILI	Centro	rosculas he	montrae.	e will.
(This does	nat mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	<i></i>	mirace
injury or cor	asthenio, etc. It means	the disease,	0 / /	CONSEQUENCE OF:		
	ANTECEDENT CAUSES		(teres	les A. House	tensuré C	
	OR CONDITIONS, il		4800000	- oue Nyjeer	unrue -	VV
rise to th	e above cause (A)	sloting the	DUE 10, UK AS	A CONSEQUENCE		
UNDERLYIN	G CONDITION lost.		(c)	******************************	******************************	
	11					
OTHER SIGNI	FICANT CONDITIONS CO TH BUT NOT RELATED TO T	NTRIBUTING				
DISEASE OR C	CONDITION GIVEN IN PAR	(A) I TS				
DISEASE OF C	POPERATION 198 CON	FORMED	WHICH OPERATION	20A. AUTORSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDE				110	Jenni mito CA	AATA AL REVIUL
OR CONTRIB	NT WAS UNDERLYING	21B,	PLACE OF INJURY (e.g., in e, farm, factory, street off	or obout 21 C. WHERE DID	(If In Baltimor	re City, give exact location)
DEATH (notify	medical examiner	elc.)				
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Whi	le Al Not While			
22. 1 contifu	that (1) (this hospital		K L AT WORK	Ann	10 / 500	
	P bear		ie deceased from			arch 7 1971
1	last saw the decease		- 10- 8			nian death accurred an the date
and hour an	d fram the causes stat	gd above. (1)	(did) (did nat) vi	ew the bady after death.		
23K SIGNATU	7 11 7	1	/			23R DATE SIGNED
Meri	Ru I De	meli	GEGREE Phys.	Med.	Shaff Phys.	3/5/7/
280 PHYSICIA	(N'S			3D. ADDRESS		
	Herbert J.	Levicka		5404 East Drive	a. Baltimore	, Maryland 21227
A. BURIAL CRE	MATION, 248, DATE		ME OF CEMETERY OF CRE	MATORY 124D		
KEMOVAL (Specify)				CALION (C)	ty, town, or county) (Slote)
Burial	3-8-197		don Park Cemet		ltimore, Mar	yland
A DAIL RECOU	REALIN DEPL	258 NAME O	F RESISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
K A B	14% E. C.	Richard Ph	4	Howard H. Hul	bard, 4107 1	Wilkens Ave. 21229
150-REM. 1717	68	The Park of the Pa				

IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



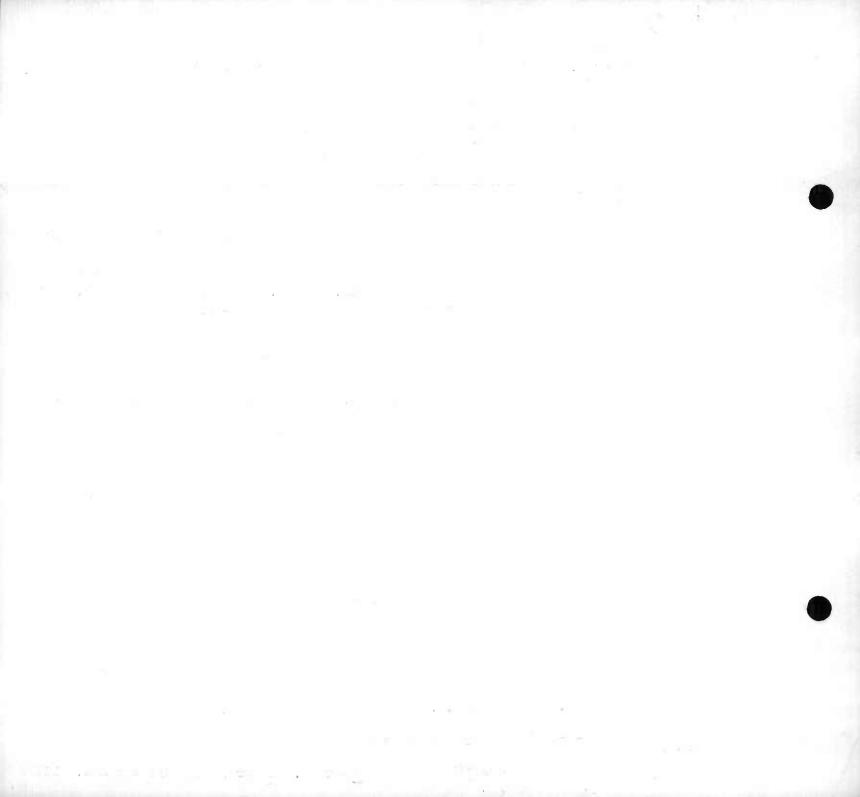
MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH REG. NO. 71 2301
NAME OF DECEASED	2. DATE Knawn Manth Day Year Hour
Type or Print) MILDRED M. HESS	OF DEATH Estimoted
A. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour PRONOUNCED DEAD Manch (1071
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) DR IN STITUTION	March 4,19/1 9:50 P. M
/ 3 SOUTH BALTO. GENERAL HOSPITAL	A. STATE Maryland B. COUNTY 2534
6. SEX 7. RACE 8. MARRIED NEVER MARR	
MIDOMED ET DIVOR	122 100
2. DATE OF BIRTH 4-29-1905 10. AGE (In years H Under 1 Yr. If	
West Virginia 12. CITIZEN OF WHATCOUNTS	13. FATHER'S NAME Frank Holland
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR IN ane during most of working life, even if refired) Housewife	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor ar dotes of service) NO SECURITY I	
(B) DUE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Cerebral Infarction TO, OR AS A CONSEQUENCE OF: Arteriosclerotic cardiovascular disease
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERAT	TION WAS PERFORMED 21. AUTOPSY? (Yes or No)
0,2)	yes
UNDERLYING OR CONTRIB. home, farm, foctory, str	IRY(e.g., in ar about 22C. WHERE DID (If in Boltimore City, give exoct location) reet, office bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. ≥ 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCC OF INJURY (APPROX.) WHILE AT	NOT WHILE
23.	AT WORK
I certify that I held on Inquiry Inspection	Autopsy X and that on this bosis, deoth in my opinion
resulted from: Natural couses X Accident	Suicide Homlcide Undetermined monner
ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 3/5/71
REMOVAL (Specify)	ington Cemetery 24D. LOCATION (City, town, or county) (State) Elkins, West Virginia

The average of the contract of

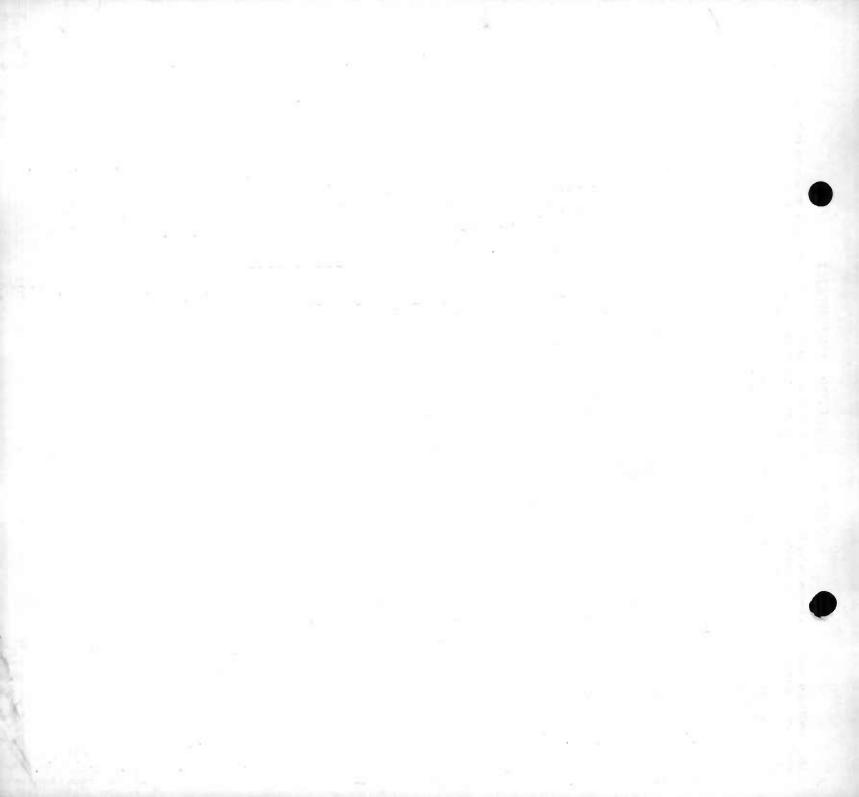
1	11-300	Print Al				DEPARTMENT	250	. 71	2302	
	TH NO.	71	2302	CERTIFIC	ATEO	F DEATH	REG. No	0		
	NAME OF DECEA pe or Print)		1.11	LIE JANE			ND HOUR OF D		0.1-	
3.	PLACE IN SALTIA	AORE, MARYLAND, V	HERE PRO	NOUNCED DEAD	4. USUA	L RESIDENCE (Wh	RCH 05,	1971	8:15	P M.
FU	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR IN	STITUTION, GIVE STREET	MA	ARYLAND	NIT		200	5
IN	ST MOILUILLE	.AGNES HO	SPITA	AL	- 1	OR TOWN	D	. INSIDE CITY	_	
		LKENS & C			E. STREE	TAND NUMBER		YES X	X NO	
				AND 21229	60	D3 S. BEN	NTALOU S	TREET		
5. 5		RACE		ED NEVER MARRIED	B. DATE C	OF SIRTH	9. AGE (In years		er 1 Yr. Unc	ler 24 Hrs.
tOA	FEMALE OCCUPA	WHITE	WIDOW	OF BUSINESS OR INDUST	05-	31-88	82			
3011	w doring most of wor	king life, even it relited)			KI II. BIKIM	PLACE (Stote or tor	eign cauntry)	12. CI1	ZEN OF WHAT	COUNTRY?
	HOUSEWIF		HOM	MAKER		LAND		U.	S.A.	
	John	Orem		P. M. 4 -		TER'S MAIDEN NA				
5.	Was Deceased Ev	er in 11 S A Fa-	ces?	DEC D	ELIZ 17. INFOR	ABETH (F	OSTER)		4000-00	DEC "
Yes	NO	yes, give was or dole	s ol servic	SECURITY NO.		GNES HOS	PITAL W	ALTO M	D ADDRESS 21	229
	18. 25	0.71		CAUSE OF DEA	ATH	IGIVES 1103	ITTIAL, W	I LIVENS	APPROXIMATE	NTERVAL
	DISEASE	OR CONDITION DIS	ECTLY						BETWEEN ONSET	AND DEATH
	(This does not	mean the mode of	dying, e.	(A) IMMEDIATE C	AUSE OF PE	EMIA.				
	heall failure, asi	henia, etc. Ii meons alian which caused	the diseas	se,	S A CONSEQ	UENCE OF:				
	AN	ECEDENT CAUSES		m chai	Alie i	venuoit				
	DISEASES OR	CONDITIONS, If	ny, givi	ng DUE TO, OR	AS A CONSEC	WENCE OF:		****************	***************************************	
	UNDERLYING C	obave cause (A) ONDITION last.	slaling i	he (c) PIAB	atas.					
_		11		\-\(\alpha\)				***************************************		
2	10 THE DEATH B	NT CONDITIONS CON	E TERMINA	G						
۹ ۱	DISEASE OR CONI	ERATION 198 CON	I (A).	R WHICH OPERATION	[20 A. A.	UTOPSY? (Yes or No	30R IE Vec 111	TOT FINITALIS	601/610/645	
2	0	WAS PERF	ORMED			NO	IN CERTIFYING	CAUSES OF	DEATH?	
2	21 A. ACCIDENT V	WAS UNDERLYING	2	IB PLACE OF INJURY (e.g.	In ar about 2	IC. WHERE DID	(If In Bal	timare City, glv	e exoct lacotion)	
51	DEATH Inality me	dical examined	e	ted	direct bidge []	MJORI OCCUR!				
MEDI	OF INJURY	onth) (Day) (Year)		L INJURY OCCURRED	}	IF. HOW DID INJ	URY OCCUR?			
	(APPROX.)		1	While At Wark At War	k 📙					
				the deceased fram	JANUAR	Y 28	19 71 ta MA	ARCH O	519	_71
- 1		t saw the decease			19	71 and the	at in (my) (aur)	_		the date
1	and have and fro	am the couses state	ed obave.	(I) (We) (did) (did nat)	view the bo	dy ofter death.				
4	23A. SIGNATURE			- 1	tending [7]	Mad -		23 B. DAT	E SIGNED	
	23C.PHYSICIAN'S	H.6	unc	CLU 17-10 DEGREE PI	ys.		Shoff Phys.	3/5	171	
	NAME (Type)	DD II CI	171/41		23D. ADDRE			TO.MD.		21229
4A.	BURIAL CREMAT	DR. H. GL		NAME OF CEMETERY OF C	ST.AG		ITAL, WIL			AVE.
	REMOVAL (Speci Burial	3-9-19		. Olivet Ceme			11 imore	(City, town, o	•	(Stote)
	DATE REC'D SY		,	OF REGISTRAR	-	NERAL DIRECTOR	ltimore,	raryran		
M	IAR 9 19	M. Valent E	Ja.a.	ALD I		rd H. Hubb		7 Wilker	ADDRESS as Ave. 2	1229
S 1	50-REV. 1/1/68				OF TO BE	- 4 /11 / HODE	, -10/	TILLECT		

CARREL CONTROL OF THE PROPERTY

C m			BALTIMORE CITY	HEALTH DEPARTMENT		11 2	303
0-20) 171,2	000		TE OF DEATH	REG. NO		
BIRTH NO.	CEASED	F3U	3 CERTIFICA		A STATE OF THE STA		
Type or Print)					AND HOUR OF DEAT	Н	
2 81 4 65 151 84	Charles W. Sn	ead		Ma:	rch 5, 1971		10:40 A.
S. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	hore deceased lived. If UNIY	institution: resident	co beforo admission
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		/	5/1
NSTITUTION				C. CITY OR TOWN	D. In	ISIDE CITY LIMITS?	
10	4.4		atric Institu	Baltimore		YES 🔀	№ П
17	6400 Waba			E. STREET AND NUMBER		100 [2]	
	Baltimor	e, Mary	land 21215	4011 Belvi	eu Avenue		
SEX	6. RACE	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Ye	If Under 24 Hrs
Male	Caucasion	WIDOWED		October 2,1886	9. AGE (In years last birthday)	Months Doys	Hours Min.
				11. BIRTHPLACE (State or f	04	120 6121211	
one during most o	working life, even if retired)		Tourist or Industry	110 DIKITITE CE (21010 0) 1	oreign country)	12. CITIZEN O	F WHAT COUNTR
Carper				Middlesex C	ounty, Virgi	nia Unit	ed States
FATHER'S NA	AME			14. MOTHER'S MAIDEN N			
John	Snead			No.			
Was Decease	d Ever in U. S. Armed Far- n) (if yes, give wer ar date	ces?	1 6. SOCIAL	Mary ?		decea	sed
	n) (if yes, give wor ar date	s ol service)	SECURITY NO.	Mrs. Anna V.	Snead, 815	Mildred A	∜e³. 21222
unknown			219-05-8573A	Seton Insti	tute - 6400	Wabash Av	enue
18. //	22.4		CAUSE OF DEAT	1			OXIMATE INTERVAL
tise to It	OR CONDITIONS, if a above couse (A) G CONDITION last.	any, giving sloting the	DUE TO, OR AS	sclerotic card A consequence of: sis with cerab			5 years 2 years
DISEASE OR	FICANT CONDITIONS CONTINUES TO THE BUT NOT RELATED TO THE CONDITION GIVEN IN PART	E TERMINAL	******************				***************************************
19A-DATE O	F OPERATION 19B. CONI WAS PERF	ORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WERI IN CERTIFYING C	FINDINGS CONS	IDERED ?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner	21 B. hometc.)	PLACE OF INJURY (e.g., in e, farm, foctory, street, of	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(Il in Boltim	ore City, give exact	location)
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
(APPROX.)			e At Not While				
22 1	- 41 - 4 (1) (at a d a a a	Wor	AI WORK	-			
22. I certity	that (i) (this haspital)	attended th	deceased from M	ebruary 24	19 71 to Marc	n 5	191
that (i) (we	Jast sow the decease	d alive on	March 5,	197/and	that In (my) (our) of	inian deoth occ	urred on the dot
and have an	d from the causes state	ed abave. (1)	(We) (did) (did not) vi	ew the bady after death			
23A. SIENATI	URE	1		aco, one coun		23B, DATE SIGN	LED
Na	eter 1/2 VI	alever.	3 MO DEGREE Phys.	ding Med.	Staff	March C	1071
23C. PHYSICIA	AN'S Typel		DEGREE	3D. ADDRESS	Phys. L.J	1 mich O	19/11
110111111111111111111111111111111111111	Walter O. J	ahrreis	s. M.D.	6100 Wahash A	Tonue Dall	mana M.	.7
A. BURIAL CRE	MATION, 248, DATE	24C. NA	ME OF CEMETERY OF CREE	6400 Wabash A	renue, Balta	more, Mar	yLand yl (Stole)
REMOVAL	3-9-19			1.20	opping, Virg		1. (2.010)
Burial		258-NAME O	Harmony Grove	- Centerery			
MAR 9	107 P.C. 01	Za CV	ALL	25C. FUNERAL DIRECTO	-		DRESS
4	AND C. DODOGO .		(Carlonal	Howard HO Hu	bbard, 4107	Wilkens A	ve. 21229
150-REV. 1/1/	68						

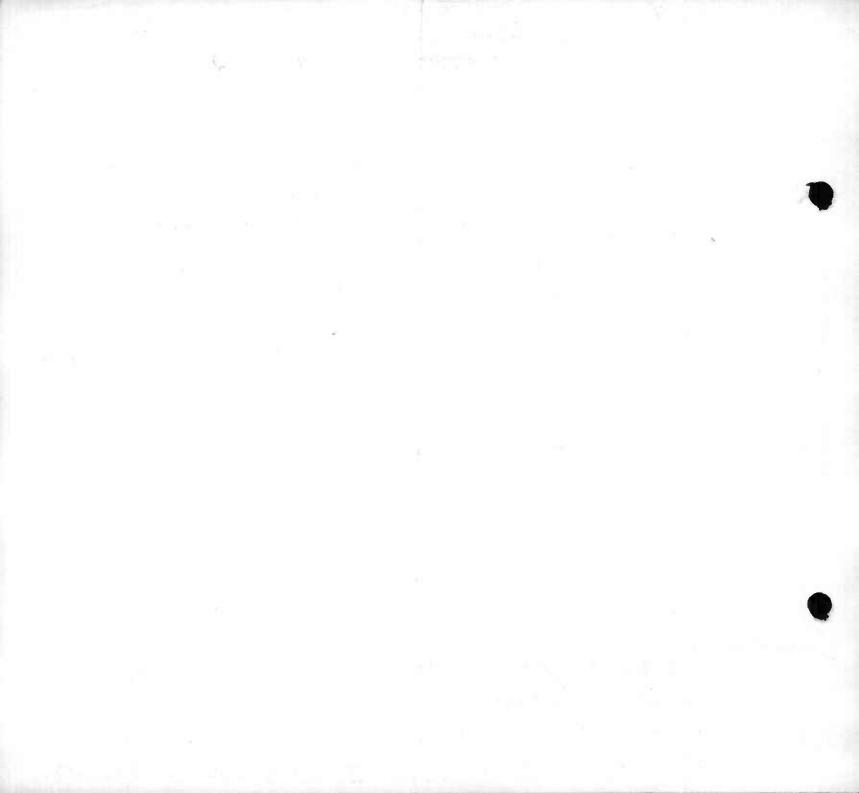


	1) .02	101.4	0001	BALTIMORE CITY	HEALTH DEPARTMENT		P ^m (A				
-	1)-600 TH NO.		2304	CERTIFICA	TE OF DEATH	REG. NO	71 2304				
	AME OF DECE		la-	0/17707	2. DATE AN	D HOUR OF DEATH					
	6	weight.	fero		C.WRIGHT /5	/ / /	5/1971 9 A M				
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	DRICED DEAD	A. STATE B. COUN	e deceased lived. If in	nstitution: residence before admission)				
FU	LL NAME OF	IIE NOT IN HOSPIT	AL OF INSTITU	TOOM CIVE STORES	Mo MD.	••	1717				
H	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION			DIION' CLAE 21 KEEL	C. CITY OR TOWN BALT	TMONOLD WE	1202				
114	SITUTION				0 11		_				
11	1,, .			Marital	Ballismore		YES NO				
/	mion	Memor	eaf 1	Mashurd	E. STREET AND NUMBER 32/1 St Paul St 3211 St. Paul St						
5. 5	EX Male	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIATH 192	A AGE IIn years	Il Under 1 Yr. , If Under 24 Hrs.				
1	Tale	w White	WIDOWED		2: 8.25	A AGE IIn years lost birthday)	Months Doys Hours Min.				
OA	USUAL OCCU	ATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore						
ion	during most of w	orking life, even if refired)			11		USA OF WHAT COUNTRY				
	un en	Moded	Painte	r-Commercia	11 th arge and	Balto.Md.	Amou can				
13.	FATHER'S NAME JOHN .C., WRIGHT				14 MOTHER'S MAIDEN NAM	AE SA					
	M	John a	ercyfu		las forocon	Irene I	utman				
5. Ye:	Was Deceased E	ver in U. S. Armed For If yes, give war or dote	cos?	SECURITY NO.	17. INFORMANT Friend	: 3211 S	t. Paul St. 212				
0.0	YES	WWII		219-10-01119		Christine	D. Paul DU. 212				
_		7 13				CHLISTING					
	18.6 7	/ 1 71		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE	OR CONDITION DIR	RECTLY	11 -	7.						
				(A) IMMEDIATE CAU		n suffice	nuy				
	heart failure, a	t mean the mode of	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:	110					
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)										
	A	NTECEDENT CAUSES		0.0.44	and land		1				
	and the second second			(B) WWW	COUNTRACTOR						
	DISEASES OR	CONDITIONS, if	any, giving	DUE 10, OR AS	A CONSEQUENCE OF:						
	inse to the above cause (A) stating the UNDERLYING CONDITION last.										
	UNDERLYING CONDITION lost. (C)										
z	OTHER CLOSURE		. I Tourne I Tourne								
일	TO THE DEATH	ANT CONDITIONS COL	HE TERMINAL								
₹	DISEASE OR CO	<u>NDITION GIVEN IN PART</u>	T 1 (A).				***********				
CERTIFICATION	IVA-DATE OF	PERATION 198 CON	DITION FOR Y	VHICH OPERATION	20A. AUTOPSYT (Yes or No	10 CERTIFYING CA	FINDINGS CONSIDERED				
	0					III GERIII IIII GA	OSES OF BEATH.				
Ü	21A. ACCIDENT	WAS UNDERLYING	21B,	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltimor	e City, give exect location)				
¥	DEATH (notily n	ING CAUSE OF	etc.)	e, larm, loctory, street, of	ice bidg., INJURY OCCUR?						
v											
MEDI	OF INJURY	Month) [Doy) [Year)		INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
2	(APPROXI			Not While							
	Work L At Work L										
	22. I certify that (1) (this hospital) attended the deceased from 2 / 28 19 7/ to 3 / 19 7/										
	that (I) (we) I	est saw the decease	d alive an	215	19 7/ and the	t In (my) (our) apl	nlan death accurred an the dote				
	and hour and	from the course stat	ed above (II	יי ניים ביונו לפונו לפונו	, .						
	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.										
	23/1 31014/1 081			4.0		con an	238. DATE SIGNED				
				Dham	ding Med.	hys.	3/5/7/				
	23C. PHYSICIAN	's	2.00	DEGREE	3D. ADDRESS	.,,,,,,					
	NAME (Typ	S AM. Che	ihl			1000000	1 Herr				
	1 -		01-17	DEGREE	Union 1	cemorea	11011.				
4A	REMOVAL (Sp.	ATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. LO	CATION (Ci	ly, town, or county! (State)				
	BURIAL		71	DA DIO COD ~							
	DOLTHP	Feb.8/		PARKWOOD C	EMETERY Bal	timore. M	arvland				
SA	DATE BECOM	W. LAKA L TLA PAPAR	200 64 4 4 4 4	P APPLETA A A							
25A	DATE REC'D 8	Y HEALTH DEPT.	258. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	OWEN GO 4	ADDRESS				
25A	IAR 9 T	THEALTH DEPT.	258. NAME O	F REGISTRAR	STEWART & M	OWEN CO.1					



NO. AE OF DECEASED	0320 /	MONO			AND HOUR OF DEATH	9:I5pm			
0.22.2	ONG (
CE IN BALTIMORE, I	MARYLAND, WHE	RE PRONOL	INCED DEAD	A. STATE RYLA 8. CO	here deceased lived, II i UNTY	institution; residence before admission			
ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					77/9				
STITUTION ADDRESS OR LOCATION				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?			
		BELVEL	ERE	YES NO					
IMORE NAR		I2I5	ENUE	5514 MINAAKA AVENUE					
ALE IV	V	VIDOWED [DIVORCED	8. DATE OF BIRTH 8/20/II	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Menths Doys Hours Min.			
SUAL OCCUPATION (uring most of working life COOK	Give kind of work 101 , even If retired)	UNKNO	WN	11. BIRTHPLACE (State or I AMERICA	areign country)	12. CITIZEN OF WHAT COUNTI			
WONG SUE	JEE			14. MOTHER'S MAIDEN NAME WHOS JEE					
s Decessed Ever in U orunknown) (If yes, g	ive war or dates o	f service)	16. SOCIAL SECURITY NO. 136-12-6390	17. INFORMANT		ADDRESS			
heori foilure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES				alway meta		6 month			
e to the above	cause (A) si		(C)	A CONSEQUENCE OF:					
THE DEATH BUT NO	TRELATED TO THE 1	ERMINAL				-0			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION 179B-CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING [1] [21B-PLACE OF INJURY (B.O. IV.)]				20A. AUTOPSY? (Yes et No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
				er about 21 C. WHERE DID fice bldg., INJURY OCCUR	(if In Boltime	ore City, give exact lacation)			
DEATH (notify medical exemines) 21D-TIME (Month) (Doy) (Yeor) (Hous) OF INJURY (APPROX.) OR INJURY (APPROX.) OR INJURY (APPROX.)					NJURY OCCUR?				
22. I certify that (1) (this hospital) attended the deceased from Feb- 18 1971 to March 2 1971									
SIGNATURE		01	the state of the state of	in such aller deal		238 DATE SIGNED			
(F)	an B	(Tho	Atte	nding Med.	Staff	much 4 100			
C. PHYSICIAN'S	IN B. COH	EN	DEGREE Phys	23D. ADDRESS YLANDE	Phys. LI	1110000 11111			
MAME LIAbes WITT	111 10. 0011								
URIAL CREMATION, EMOVAL (Specify)		24C.NA	ME of CEMETERY OF CRE	MATORY 124D	LOCATION (C	City, town, as county) (State)			
	ACCIDENT WAS LEADING CONTRIBUTION CE IN BALTIMORE, A ADDITION OF TALL OR ADDITION OF	CE IN BALTIMORE, MARYLAND, WHE NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOCATION UTION) SE IN THE PINES IN TH	CE IN BALTIMORE, MARYLAND, WHERE PRONOLUNAME OF ADDRESS OR LOCATION! SE IN THE PINES BELVED	CE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) SE IN THE PINES BELYEDERE ALE IV WIDOWED DIVORCED WHICH OPERATION WAS PERFORMED LACCIDENT WAS UNDERLYING CAUSE OF CANCELLY ON THE TERMINAL WAS PERFORMED LACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRI	CE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD NAME OF ADDRESS OR LOCATION! SE IN THE PINES BELVEDERE LESTRET AND NUMBER APPLICA GRACE ALE OF ADDRESS OR LOCATION! IV WIDOWED DIVORCED DIVORCED OF UNKNOWN RESTAURANT II. BIRTHPLACE (Stote or 1 AMERICA OF UNKNOWN) RESTAURANT II. BIRTHPLACE (Stote or 1 AMERICA OF UNKNOWN) RESTAURANT II. BIRTHPLACE (Stote or 1 AMERICA OF UNKNOWN) RESTAURANT II. BIRTHPLACE (Stote or 1 AMERICA OF UNKNOWN) RESTAURANT II. BIRTHPLACE (Stote or 1 AMERICA OF UNKNOWN) RESTAURANT III. BIRTHPLACE (Stote or 1 AMERICA OF UNKNOWN) RESTAURANT III. BIRTHPLACE (Stote or 1 AMERICA OF UNKNOWN) RESTAURANT III. BIRTHPLACE (Stote or 1 AMERICA OF UNKNOWN) RESTAURANT III. BIRTHPLACE (Stote or 1 AMERICA OF UNKNOWN) RESTAURANT III. BIRTHPLACE (Stote or 1 AMERICA OF UNKNOWN) III. BIRTHPLACE OF BIRTHPLACE OF UNKNOWN III. BIRTHPLACE OF BIRTHPLACE OF UNKNOWN III. BIRTHPLACE OF BIRTHPLACE OF UNKNOWN III. BIRTHPLACE OF	CE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) SE IN THE PINES BELVEDERE C. GIV OR ADDRESS OR LOCATION C. GIV OR ADDRESS OR INSTITUTION, GIVE STREET C. GIV OR ADDRESS OR INSTITUTION, GIVE STREET C. GIV OR ADDRESS OR INDUSTRY C. GIV OR ADDRESS OR INDUSTRY			

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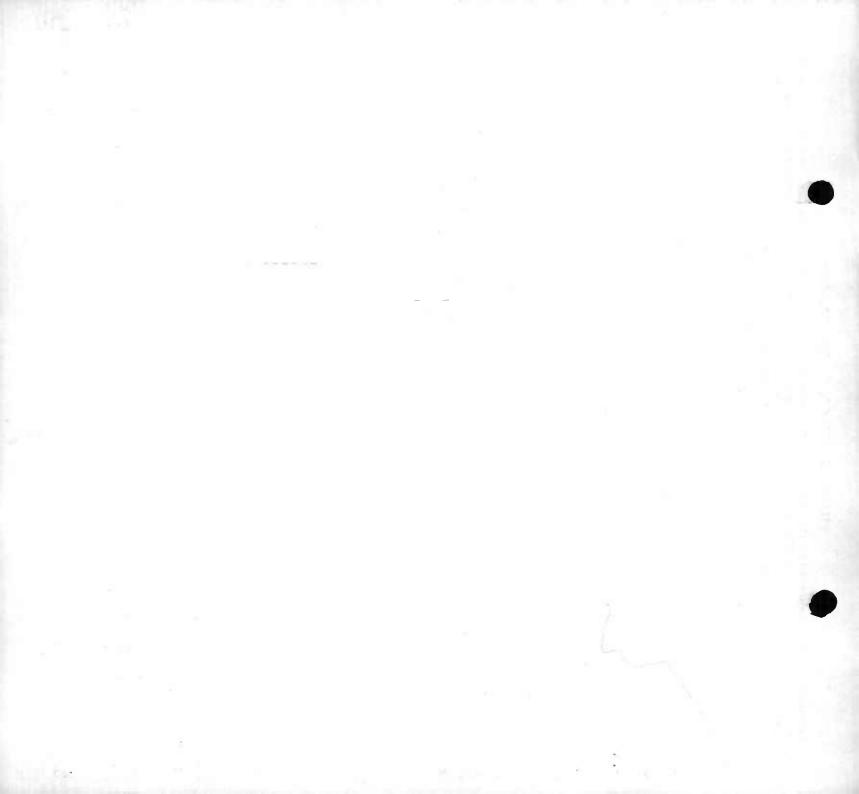
	2002	S-542 71 2308 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH X REG. NO. 71 2308
	pital and of death Deceased te on the ath. Such	T. NAME OF DECEASED (Typo or Print) SMOLEK, ELIZABETH MARY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institutions residence before admission)
	Se Se Gn de	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decessed lived, II institution: lesidence below odmission) A. STATE B. COUNTY MARYLAND BALTIMORE 21227 5 3 6 6 C. CITY OR TOWN D. INSIDE CITY LIMITS?
	ting d cau d cau r atte r atte	ST. AGNES HOSPITAL BALTIMORE E. STREET AND NUMBER 1258 BREWSTER ST.
occurre	occur ontrik ermin regul eased is ma	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours lost birthdoy) 8. DATE OF BIRTH 9. AGE (In yours lost birthdoy) 8. Date Of BIRTH 10. Months: Doys Hours Min. Months: Doys Min. Months:
	De as	done during most of working life, even if reflect) INSPECTOR Beth. Steel GERMANY 13. FATHER'S NAME INCAMENTAL ENGINEERY 14. MOTHER'S MAIDEN NAME
	7 7 7 7	Albert SCHUSMEYER 15. Was Decessed Ever in U. S. Armod Forces? (Yes, no or unknown) (If yes, give wor ar doles of service) NO CATHERINE (De hus meyer) 16. SOCIAL SECURITY NO. SECURITY NO. 319-16-5495 ST. AGNES HOSPITAL-CATON & WILKENS AVI
) 	if i	CAUSE OF DEATH
IMPORT	d by the chief medical examiner or hispital by a medical examiner. Also ture; (2) Body burns; (3) A fracture of twhere the physician who pronoun 6) No physician was in regular atteed before the remains are embalmed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: The control of t
CTOR:		ANTECEDENT CAUSES (8) methodos
DIREC		DISEASES OR CONDITIONS, if any, giving ise to the obove cause (A) staling the UNDERLYING CONDITION last. (C)
AL		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNER amust be approved by the chief		19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION YES IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPST? (Yos of No.) 20B. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF Contributing Cause of Cause of Contributing Cause of
		DEATH (notify medical examined) etc.) 21D-TIME (Month) (Doy) (Teal) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
		While At Work 22. I certify that XI) (this hospital) attended the deceased fram JANUARY 30 19 71 ta MARCH 7 19 71
	be to be	and haur and from the causes stated above. (M (We) (did) (MX Not) view the body after death.
	S S S S S S S S S S S S S S S S S S S	23A. SIGNATURE Attending Med. Stoff Med. Stoff Med. Stoff Med. Stoff Med. Director Phys. Med. Director Med. Med. Med. Med. Med. Med. Med. Med.
	y was rely was rely An acc	23d. ADDRESS ST. AGNES HOSPITAL CATON & WILKENS AVES. BALTO., MD. 21229 24A. BURIAL CREMATION 24B. DATE REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERT of CREMATORY 24D. LOCATION (City, 10wn, or county) (Stote)
	the body shows: (1 was D.O. deceased	PUNA 3/10/71 Meadownidge Cometery Donsey Maryland 25A. DATE REC'D BY HEALTH DEPT. DESENANTE OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
Ī	- # W 3 P 3	VS 150-REV 1/1/68 En Parties Red. On Amproper INC1328 Sulphur Sq. Rd.

2 my - v H 9 . r e rigeri sek and the services of the servic MIA

BALTIMORE CITY HEALTH DEPARTMENT	
5-326 MEDICAL EXAMINER'S CERTIFICATE	OF DEATH 71 2309
BIRTH NC.	REG. NO.
1. NAME OF DECEASED FREDA STECKER 2. DATE Known OF	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DE.	Manth Day Year Haur
OR DISTRICTION ADDRESS OR LOCATION)	March 4, 19/1 12:13 Pe
1005 Herndon Court A. STATE	(Where deceased lived. If Institution: residence before admission) B. COUNTY
Marylar	id 2505
MARKIED LINEVER MARRIED LICE CITY ON TOWN	D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED Baltimo	IES LI NO LI
last birthday and Months, Dovs , Hours , Min	
1005 He	erndon Court
11. BIRTHPLACE(State or loreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME	
Maryland U.S.A. John J. B.	rrane
14A.USUAL OCCUPATION (Give kind al work) 4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEI dane during most of working life, even lifretired)	
Trousewife Titte	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (II yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. Robert &	tecker 206 Hilltop Rd.
4/2/41	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardic	ovascular disease
(This does not mean the made of dying, e.g., (A)IMMEDIATE CAUSE	
heart loilure, asthenia, etc. It means the disease, injury or camplication which coused death.)	
	MANUAL STREET,
DISEASES OR CONDITIONS, IF ANY, GIVING (8) DUE TO, OR AS A CONSEQUENCE OF	
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C).	
CTUER SIGNIFICANT CONFIDENCE CONTRIBUTION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 204. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED	***************************************
O CONDITION FOR WHICH OPERATION WAS PERFORMED	2t. AUTOPSY? (Yes ar No)
22A. EXTERNAL CAUSE WAS 228. PLACE OF INIURY (e.g., in or about 22C WHERE	No
228. PLACE OF INJURY (e.g., in or about 22C, WHERE UNDERLYING OR CONTRIB. home, larm, lactary, street, office bldg., etc.) INJURY OCCURRENCE OF INJURY OCCUR	DID (II in Boltimore City, give exact location) CUR?
22D. TIME (Month) (Day) (Year) (Haur) 122F INJURY OCCURRED 225 HOWD	ID INJURY OCCUR?
(APPROX.) WHILE AT NOT WHILE	
23. m. WORK AT WORK	
I certify that I held an Inquiry Inspection X Autopsy and that	an this basis, death in my apinion
resulted from: Natural causes 🔀 Accident 🗌 Suicide 🔲 Hamicide 🗌	
CHIEF MEDI	CAL EXAMINER
SIGNATURE CHANGE STANT MED. ASSISTANT MED.	CAL EXAMINER DATE SIGNED
EXAMINER'S Charles & Springate M.D. ASSOCIATE MEDI	
24A, BURIAL CREMATION. 248 DATE 24C NAME of CEMETERY CREMATORY	24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Birrial 3/8/71 Holy (ross (em.	Balto Md.
25A. DATE REC'D BY HEALTH DERT. 25B. NAME OF REGISTRAR 25C. FUNERAL DI	LALAUTAITA
123C. FUNEKAL DI	
MAR 9 1079 Oct 1 Sander Males Mc (ully	

LINE OF BUILDING

1	1/ FOD	201.5	0-10	BALTIMORE CITY	HEALTH DEPARTMENT		MIA On to
	TH NO.	71	2310	CERTIFICA	TE OF DEATH	REG. NO	71 2310
	pe or Printl		ZE.	GEORGE-	P. 2 DATE AN	6 1971	15. 45 A.
3.	PLACE IN BALTI	MORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	deceased lived. If in	stitution: rosidence before odmission)
HO	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTIT	UTION, GIVE STREET	MARYLAR	ID INSI	DE CITY LIMITS?
1/4	Jaken 1	N N. 0	101	HOSPITAL	C. CITY OR TOWN	ICRE	YES A NO
1	MON	LIGHT TOK	IHL	1 (03)111176	E. STREET AND NUMBER		
_					3810 ELI	Y AVEN	WE
		RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	. AGE (In years	if Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	TALE	WHITE	WIDOWED	DIVORCED	09-08- 84	ost birthdox	Months Doys Hours Min.
don	LUSUAL OCCUP	ATION (Give kind of working life, even if retired	ork 108, KIND OF	BUSINESS OR INDUSTRE	11, BIRTHPLACE (Stote or loreig	In country)	12. CITIZEN OF WHAT COUNTRY?
	Golf P	ro	Clifto	n Pk.	MARYLA	NJ	AMERICA
13.	FATHER'S NAME		1,		14. MOTHER'S MAIDEN NAM	\E	
	MR	WILLIAM	1 HE	NRY	UNENOU	Burns	
15. (Ye	Wes Deceased E	ver in U. S. Armed I I yes, give war or d	forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	To -	_		213-01-6276	U.M. HOSP. AZ	M18510N	HISTORY
	18. 4 4	1,21/		CAUSE OF DEAT			APPROXIMATE INTERVAL
		OR CONDITION I			Poster out on		
		mean the mode		(A) IMMEDIATE CAU	SE BRONCHOPNE (JHUNIA C	due to
	heart failure, os	thenia, etc. It mea ication which cous	as the disease.	DUE IO, OR AS	POST - CARDI	A ARRES	T
	1	ITECEDENT CAUS			A .		AL INFARCTION
		CONDITIONS, if		(B)	A CONSEQUENCE OF:		
	rise to the	above cause (A	stating the	Да	DOMINAL AN	IEURYSM 2	ever pula
	UNDERLING	CONDITION lost		(c)	ידו און און און און	WE OK 13M	escerna / carrier
NO	OTHER SIGNIFIC	II ANT CONDITIONS C	ONTRIBUTING				
ATIC	TO THE DEATH	BUT NOT RELATED TO	THE TERMINAL	***************			
FIC	19A-DATE OF O	PERATION 198 CO	NOTION FOR Y		20A. AUTOPSYS (Yes or No)	208, IF TES, WERE F	INDINGS CONSIDERED
ERTIF	3351	//		Aftenty Breath	3	IN CERTIFIED CAL	JES OF BEATH!
CAL	DEATH (notily m	WAS UNDERLYING NG CAUSE OF edicol exomined	hom etc.)	PLACE OF INJURY (e.g., ir e, farm, loctory, street, of	or obout 21C. WHERE DID	(If In Boltimore	City, give exoct location)
and i	21D. TIME (/	Monthl (Doyl (Teo		INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
×	(APPROX)		Whi	le At Work	· 🗆		
	22. I certify th	ot (1) (this hospit	al) attended th			7/ 10 03	-06- 1971
		st saw the decea		00 00		/	nian death accurred an the date
			ated above. (1)) (We) (did) (did not) vi	lew the bady after death.		
	23A. SIGNATURE	DOK					23B. DATE SIGNED
		Naux1)		M D DEGREE Phys	nding Med. S	hoff hys.	3/6/7/
	23 C. PHTSICIAN' NAME (Type	DR. R	PAI		3D. ADDRESS UNION	MEMORN	AL HOSPITAL
24A	REMOVAL (Spe	ATION, 24B, DATE		ME OF CEMETERT OF CRE	MATORT 24D. LO	CATION (Cit	y, town, or county) (State)
	Burial	3/16/	77 Lo	rraine Pk C	emetery Ba	ltimore, l	Marvland
25 A	DATE REC'D BY	HEALTH DEPT.	258. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
L.	AR 9 to	TORRE	300	ach 10 n n	Ponovan Fun	eral Home	3818 Roland ave
VS	150-REV. 1/1/68						

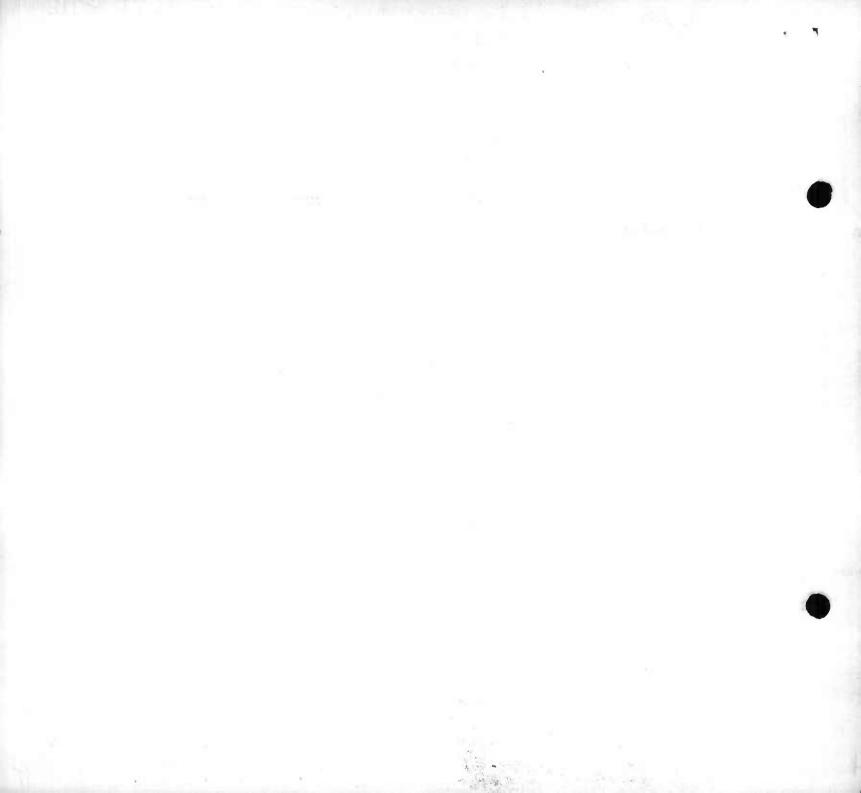


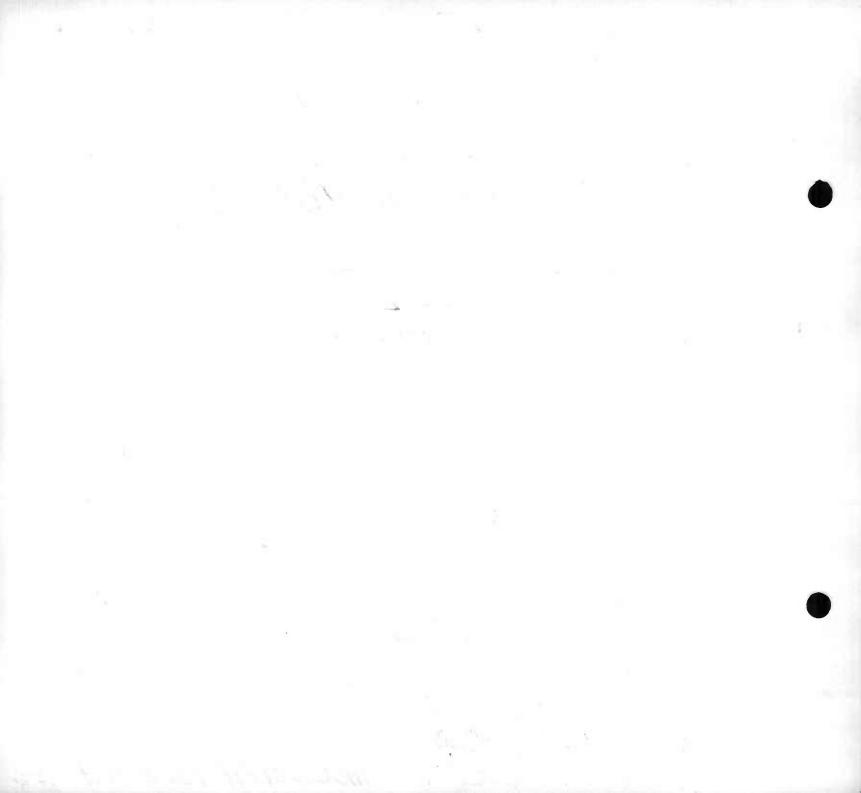


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH REG. NO. 71 2313
1. NAME OF DECEASED (Type or Print) BAUMANN, LOUIS 2. DATE AND HOUR OF DEATH 3-7-7/ 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admiss
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MANY AND 2/230 23 INSTITUTION INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?
South BAltimore General BALTIMORE VES NO [
43 HOSPITAL 29 E. Fort ALE.
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 0-4-86 19. AGE (In years lift Under 1 Yr. If Under 24 Months Doys Min
done during most of working life, even if refired) A USUAL OCCUPATION (Give kind of work 108 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY OF WHAT COUNTRY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
Corp. Mary land 4.5. A.
13. FATHER'S NAME
PAYIAS Baumann Unk
15. Was Deceased Ever in U. S. Armed Ferces? [Yes no or unknown] [If yes, give war or dates of service] SECURITY NO.
anknown 213-10-7200 Alice M. Sirbaygh -daubter (SAME)
18. 4 10 91 CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myncard in 1 mars ton 3 6m
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)
ANTECEDENT CAUSES COTO nary In sufficiency
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
underlying condition lost. (c) afterdeline Tre caratovasical yill
11 9/3,2072
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED A COMMITTAL OF THE TERMINAL OF THE STATE OF THE ST
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 2004. AUTOPSYS (Yes or (No.)) 208. IF YES, WERE FINDINGS CONSIDERED
20 A AUTOPSY? (Yes or (No.)) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
It in politimore City, give exact locolion
DEATH (notify medical examiner)
21D-TIME IMonthi (Doy) (Year (Hour) 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR?
OF INJURY (APPROX.I While At At Work At Work
22. 1 certify that (1) (this hospital) attended the deceased from 3 - 5 - 19 // ta 3 - 6 - 19 //
that (i) (w) last saw the deceased alive an 3-5- 19 7/ and that in (my) (w) opinion death accurred an the d
and haur and from the causes stated above. (1) (We) (did) (did nat) view the body ofter death.
23A. SIGNATURE
DEGREE Phys. Director Stoff Stoff 3-6-7
23C. PHYSICIAN'S NAME (Typel
NA RONG RUANGRUCHIRA SOULS. 179 MOVEN O
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
Burial 3/10/71 Loudon Park (em Balto Md
25A. DATE REC'D BY HEALTH DEPT. 22 NAME OF SISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS OF THE STATE OF THE PARTY OF THE
TIAD I WILL UGUCA TO THE COLUMN TO THE COLUMN TO THE COLUMN THE COLUMN TO THE COLUMN TO THE COLUMN

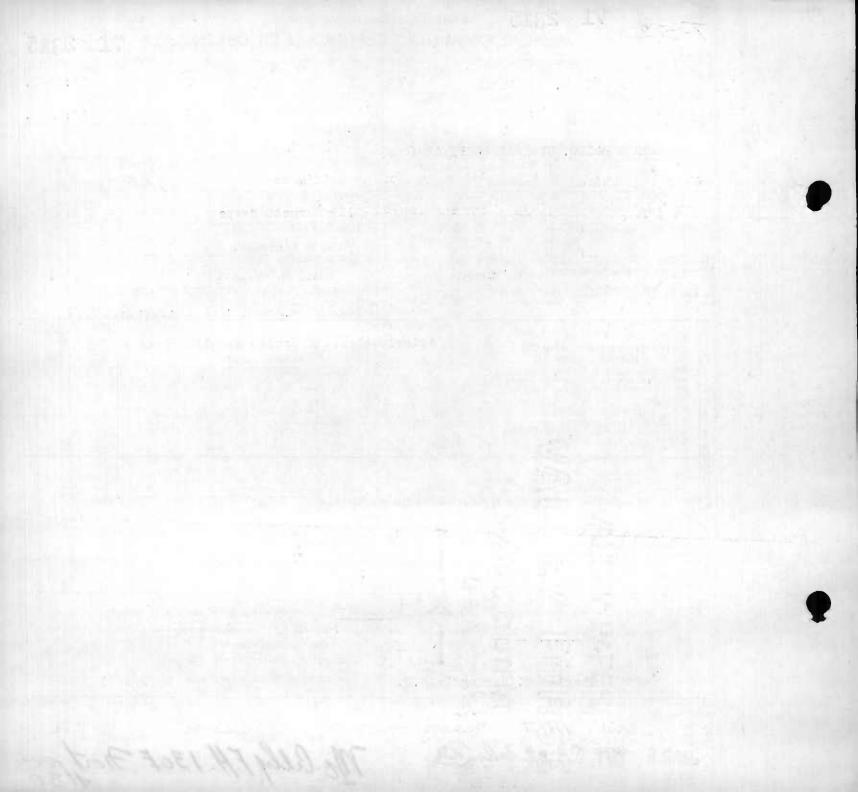


VS 150-REV. 1/1/68





7 50	CERTIFICATE OF DEATH REG. NO.	"14 Oo45
BIRTH NO.	REG. NO.	71 2315
1. NAME OF DECEASED	2. DATE Known 🖾 Month Day	Year Haur
(Type or Print) ANDREW W. THOMPSON	OF DEATH Estimated 3-5-71	11:15 P _M .
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD March 5,1971	11:15 Pm
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, if institution A. STATE B. COUNTY	n; residence before admission)
SOUTH BALTO. GENERAL HOSPITAL (DOA	Maryland b. cooking	2301
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	ITY LIMITS?
Male White WIDOWED ☐ DIVORCED ☑	Baltimore y	ES NO
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs. In Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min		
4/1/14	129 Burnett Street	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Mb UNHAT COUNTRY?	John W Thompson	
dane during most of working life, even if retired)		
dane during mast of working life, even if retired) Md Unydock	Mary B Johnson	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer ar dates af service) 17. SOCIAL SECURITY NO.	18. INFORMANT AI	DDRESS
(Yes, no or unknown) (If yes, give war ar dates af service) SECURITY NO.	Robert W Thompson 4121 Shanno	n Dr 21213
DISEASE OR CONDITION DIRECTLY CAUSE OF DE Arteri	ath osclerotic cardiovascular dise	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE		
	R AS A CONSEQUENCE OF:	10-4 magana 4 4 man a a amana ma a a a a a a a a a a a
UNDERLYING CONDITION LAST. (C)	R AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		20446000m
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	WAS PERFORMED	21. AUTOPSY? (Yes ar Na)
		yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	i., in ar abaut 22C. WHERE DID (If in Baltimare City, give exclice bldg., etc.)	act lacation)
Z 22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROV)	OT WHILE WORK	
23.	ond that an this basis, death in my	aplnion
resulted fram: Natural causes 🔀 Accident 🗌 Suic	ride Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Charles J. Srugary	ASSISTANT MEDICAL EXAMINER	2.112 0101120
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER	3/6/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify) Burial 3/11/71 Western Ceme	y or CREMATORY 24D. LOCATION (City, low)	n, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR MAR 9 1871 Volent & January 1872		ADDRESS TO A DAY
VS 151-REV. 1/1/68	1 HE way 1.17-1501	1104 00



nn	. 10			BALTIMORE CITY	HEALTH DEPARTMENT		M14 0 4	0
BIRTH			2316	CERTIFICA	TE OF DEATH	REG. NO	71 231	6
Type o	or Print)		MCFAD	DEN		AND HOUR OF DEATH		11 P M.
3. PLA	CE IN BALTIM	DRE MARYLAND, W			4. USUAL RESIDENCE (W	here deceased lived. It i	institution; residence before	
FULL I	NAME OF TAL OR UTION	(IF NOT IN HOSPIT	AL OR INSTITUTIO	DN, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?	7
1/1		11.	1 1, 1	.1 1	Baltuis	A .	YES NO	7
77	Ullion	Helmoria	X Hosp	ial	E. STREET AND NUMBER		12.0	
			1		720 W	36th St		
S. SEX	6. R	ACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr., If U	nder 24 Hrs.
	F	W	WIDOWED	DIVORCED	5/31/06	lost birthdoy)	Months Doys Hours	Min,
OA, US	UAL OCCUPAT	NON (Give kind of worl	108 KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or Ic	oreign country!	12. CITIZEN OF WHA	T COUNTRY?
P du	Dant t	ng life, even if refired)	DRINE	TING	mi		U.S.A	
3. FAT	HER'S NAME	25/3/11/18	1 /2/10/	1106	14. MOTHER'S MAIDEN N	AME	00	
12	10 /	F 110	1		molina s MAIDEN N	7		
0	NEX les	E 111	Ixten		Ollve M	DOUNII		
5. Was Yas, mp	of unknown! (If)	in U.S. Armed For	ces?	SOCIAL SECURITY NO.	17. INFORMANT	. / /	ADDRESS	
10	0		2	14034823	Vernini LI	Mytor Ki	CCINIMON F	-loved.
16,	404	XI		CAUSE OF DEAT	1	111 164 /11	APPROXIMATI	
	DISEASE O	CONDITION DI	RECTLY				BETWEEN ONSE	T AND DEATH
	LEA	DING TO DEATH		(A) IMMEDIATE CAL	SE Roshinato	in assort		
(Th	is does not n	nean the mode of enia, etc. It means	dying, e.g.,	DUE TO, OR AS		- antial	************	
inju	ury ar camptice	tion which caused	death.)					
	ANTI	ECEDENT CAUSES		111	DILLI'A		Ì	
DIS	SEASES OR	CONDITIONS, if	any, civina	DUE TO, OR AS	A CONSEQUENCE OF:			*********
nise	e to the a	bove cause (A)						
UN	IDERLYING CO	ONDITION last		(c)				
-		11						
		NT CONDITIONS CO						
V DIS	EASE OR COND	ITION GIVEN IN PAR	T 1 (A).		1204	H-) 505 to Man		
	DATE OF OPE	RATION 198 CON	FORMED	CH OPERATION	AUTOPST7 ITOS OF	IN CERTIFYING CA	FINDINGS CONSIDERED	
19A 21A	ACCIDENT W	AS UNDERLYING	2 228 81 4	OF OF Intline (!				
. OR	CONTRIBUTING	GIT CAUSE OF	home, fe	mm, factory, street, of	i or obout 21C. WHERE DID	(If In Boltimo	re City, give exact location	n)
U	ATH (notify med	icol examiner	etc.)					
	NIME (MO	onthi (Doy) (Year	(Hour) 21E INJ	URY OCCURRED	21F. HOW DID IN	NJURY OCCUR?		
(AP	PROX.		While A	Not While	· 🗆			
22	I agretfy show	(1) (this hospital			919		3/7	71
	/ .	/						19/_
				317			inion death occurred	an the dote
				e) (dtd) (dtd not) v	lew the bady after death	le .		
23A	. SIGNATURE	Millio	wy				238, DATE SIGNED	
		Alle.		DEGREE Phys	nding Med.	Shaff Phys.	3/7/7/	
23C	HAME (Type)	COUES	KHOUR		Juioy	Hemorial	Hoshital	
24A- BI	IRIAL CREMAT	ION, 248, DATE		of CEMETERY of CRE		100471011	***	(5)
DRE	MOVAL (Speci	(y) (/ M.	The same	/ TO /	240.	LOCATION //	ity lown, or county)	Stotel
130	r12/	MILIAR	11 Uru	1d Kidge	Lem Pi	Kerville	132/to 60 1	1111
NA A D	ATE REC'D BY			EGISTRAR	256 FUNERAL DIRECTO	OR ///	DADDRESS	6
MAH	3 13/	UGBOLF E	Salley 202	li o	BUTGER IL	uneval How	ne 132/ An	mi
VS 150-	REV. 1/1/68			*1	11/10 10	W	1 4 1 10	44

O'/20/1/ A Resp. aned

Bluemea

C- Hypertension, CHF

Addelional Information from quentounion memorial top- File lin. Bur. of Biostelies

VS 150-REV. 2/1/68



	> Ind			BALTIMORE CITY	HEALTH DEPARTMENT		MA	0040
	BIRTH NO.	71	2318	CERTIFICA	TE OF DEATH	X REG. NO	71	2318
	1. NAME OF DECEASE					AND HOUR OF DEAT	Н	
	3. PLACE IN BALTIMO		RT JOSEF			04 71		10:00 Pm.
					4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If UNTY	institution: residence	e before admission)
		(IF NOT IN HOSPIT	AL OR INSTITUTI	ON, GIVE STREET	DELAWARE		V-6	2/
	INSTITUTION	HOCDITAL			C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?	
4		HOSPITAL			DE LMAR E. STREET AND NUMBER		YES	ио 🗌
6	WILKENS & CATON AVENUES BALTIMORE, MARYLAND 21229				ROUTE #1			
mad	5. SEX 6. RA		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. Months Doys	If Under 24 His.
		WHITE	WIDOWED	DIVORCED _	09 24 32	38	Joys	Hours Min.
disposition is	done during most of working	ON (Give kind of work g life, even If retired)	SE.	RVICE	11. BIRTHPLA CE IStote or I		12. CITIZEN OF	WHAT COUNTRY?
	CHICKEN VA	CCINATOR	HUDSON	VACCINATII			US	
Š	13. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME		
dis	LAWRENCE				ALMA (WYAT	T)		
Ting	15. Was Deceased Ever Yes, no or unknown) yes	in U. S. Armed Fores, give war or doto	s of service)	SECURITY NO.	17. INFORMANT		ADDR	ESS
	NO	-	0 2	20 28 0591	ST. AGNES H	OSPITAL RE	CORDS	
0	18. 430	11140	11.7	CAUSE OF DEAT	1	10		OXIMATE INTERVAL N ONSET AND DEATH
0	LEAD	CONDITION DIE	ECTLY		Culton	- Oneil	lours	
рашшеа	lThis does not me heart failure, asthe	ean the made of	dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF	an endo	remad	
	injury ar complical	ion which caused	death.)		A D RECOU	RJ,		
E		CEDENT CAUSES		(R)	Huymond	us / relogion	lonit?	
Bre	DISEASES OR C	ONDITIONS, if	iny, giving	DUE TO, OR AS	CONSEQUENCE OF:	1	V	
	UNDERLYING CO	NDITION last	siding the	(c)	/			
	z	11		0 4	Δ.	Λ		
	O THE DEATH RUT	NOT PELATED TO TH	E TEDALINIAL	(w mi	nary Tula	1 Culosis	1	
	U 19A-DATE OF OPER	ATION 198 CON	I (A).	CH OPERATION	20A. AUTOPSY? (Yes or	No. 20R IN VES WERE	EINDINGS CONSI	DERCO
5	2-22-) WAS PERF	ORMED Jung	bionses	NO	IN CERTIFYING C	FINDINGS CONSI AUSES OF DEATH?	DEKED
	OR CONTRIBUTING	S UNDERLYING	218, PL/	CE OF INJURY (d.g., in	at about 21 C. WHERE DID	(If In Bollima	oro City, give exoct i	ocotion)
2	DEATH (notify medic	ol examined	etc.)	unity tocidity, siledic off	ica prode livioki OCCOKi			
3	NO 1/26 (81 (11 h)	th) (Doy) (Year)	(Hour) 21 & fN.	URY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
	(APPROX.)		While A	Not While				
	22. I certify that	(this hospital)	attended the d		3 04 71	19 /1 to	03.04	19 71
3	that (1) (we) last	saw the decease	alive on		11 19 71 and	hat in (My) (our) op		
	and haur and from	the causes state	ed above. (1) (W	e) (did) (did not) vi	ew the bady after death			inda on the date
	23A. SIGNATURE	· 00 ()	())	,		23 B. DATE SIGNE	ID _A
5	100mmen	9086 1	Pu	DEGREE Phys.	ding Med.	Staff Phys.	marc	R5.197
n Aoide	23C. PHYSICIAN'S NAME (Type)				3D. ADDRESS		1229	
	HERMENE	GILDO IS	IDRO. M	.D . DEGREE	ST AGNES HOS	SPITAL CAT	ON & WILL	CENC AVEC
	REMOVAL (Specify	N. 24B. DATE	24C. NAME		MATORY 24D.	LOCATION (C	City, town, or county) (Slote)
	BURIAL	13/7/7	1 Me	ISONS C.	IEM 1	Del MAR	Wicomin	O Md
	MADE GECTO	ALTHOUGH & C	250 NAME OF A	GISTIAR	25C. FUNERAL DIRECTO	OR (ADD	DRESS
	S 150-REV. 1/1/68	Acords C		7:10 00	10/MARU	re/	4.8.R.	
-	2 12V=NE 40 1/1/00					,		

MARCE / 75 R.

2002	BIRTH NO. 71 2319 CERTIFICATE OF DEATH X REG. NO. 71	2319
death death eased n the Such	1. NAME OF DECEASED [2. DATE AND HOUR OF DEATH	
5 60 5	PAYNE OLIVER WASHINGTON MARCH 7 1971 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution; reside	2:05P M.
hos ise (5) and ded	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	5300
ting cause; d cause; r attend prior to	ST AGNES HOSPITAL C. CITY OR TOWN BALT I MORE YES E. STREET AND NUMBER	″ No []
- 300 0	5. SEX 6. RACE 7. MARRIED TV AIRLED MARRIED TV B. DATE OF RIGHT	
contributed in regulation is ma	MALE WHITE WIDOWED DIVORCED 04/13/11	r. If Under 24 Hrs. Hours Min.
or condete	done during most of working life, even if relified)	S A
direct; (4) Uth was	OLIVER W PAYNE SR 14. MOTHER'S MAIDEN NAME EMMA MEETH	
ista he kind deat ce o	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no at unknown) (It yes, give wat at dates at service) 215 03 7334 ST AGNES HOSPITAL BALTO MD	21229
ä ± Cab	18. CAUSE OF DEATH	PROXIMATE INTERVAL
Also, e of a nounc atten		and divide a partition of the partition
tur.	This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	10000000000000000000000000000000000000
xamin kamine A frac who p regul	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:	**************************************
9 X @ _ E 5	inse la the abave cause (A) stating the UNDERLYING CONDITION last. (C)	***************************************
medical and	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART ! (A).	
a la	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20K AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT	SIDERED H?
y the clifal by e. (2) B there there there there before	OR CONTRIBUTING CAUSE OF home, localory, street, affice bidg., INJURY OCCUR?	:I lacation)
hosp natur ept w d (6)	21D. TIME (Manth) (Day) (Yeard (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	
any (ex(22. I certify that XIX (this haspital) ottended the deceased from 03/03/71 19 ta 03/07/71 that XIX(we) last saw the deceased alive an 03/07/71 19 and that In (My) (aur) apintan death ac	19
ast be a assed the lent of lent of spital death) nust b	and haur and fram the causes stated above. (X) (We) (did)XXXXXXX view the body ofter death.	correct dir file delle
2000	23A. SIGNATURE 23A. SIGNATURE Attending Med. Shaff Director Phys. 238. DATE SIG	NED
2 2 0 . 2	23C. PHYSICIAN'S NAME (Type) Adolfo ALONSO Calma & Williams (1)	Nogotal
certificate body was a vs. (1) An a D.O.A. at ased prior	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or course of the co	nty) (Stote)
This certifue body shows: (1) was D.O. deceased written a	254 BAY SEED BY US LIVE BY	DDRESS
	VS 150-REV. 1/1/68	上よ

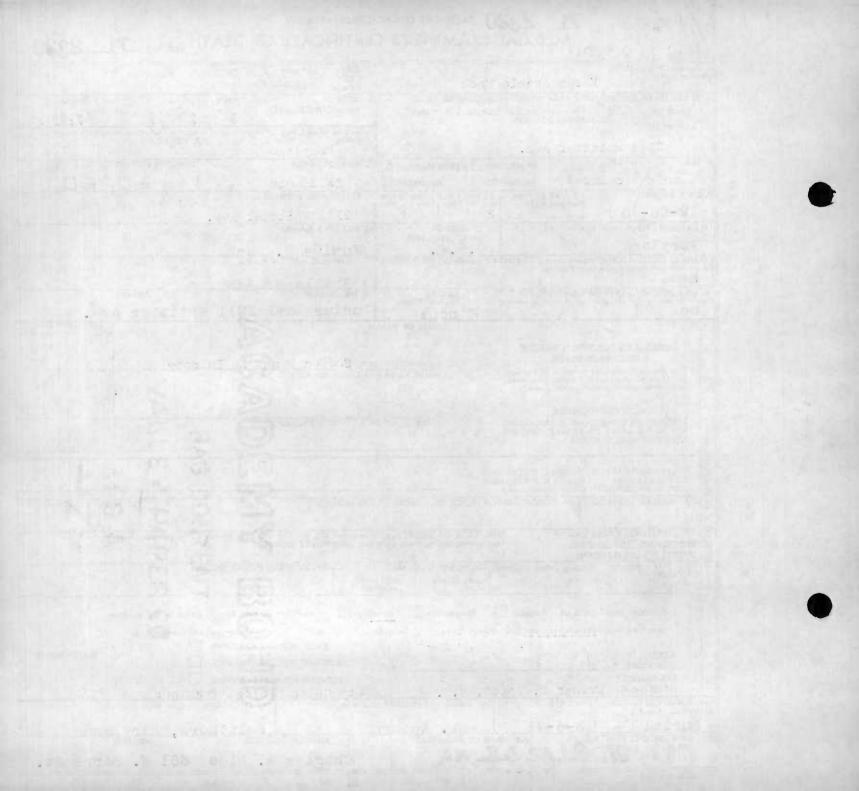
FUNERAL DIRECTOR: IMPORTANT

Application of the State of

VS 151-REV. 1/1/68

Charles A. Rice

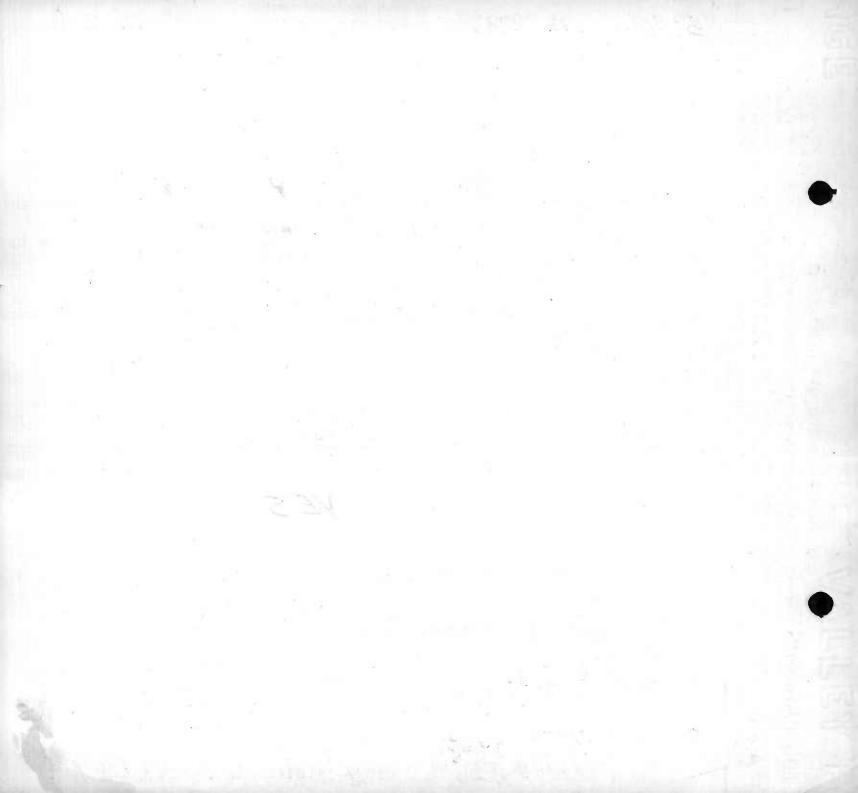
661 W. Barre St.



IMPORTANT

FUNERAL DIRECTOR:

		HEALTH DEPARTMENT
BHRT	rh NO.	TE OF DEATH REG. NO. 71 2321
		2. DATE AND HOUR OF DEATH 3/6/71 4:40PM.
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceosed lived. Il institution: residence before admission) A. STATE B. COUNTY
HO	SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN BALTI MORE D. INSIDE CITY LIMITS YES VI NO
)-	Johns Hopkins Hospital	E. STREET AND NUMBER 707 PORTLAND STREET
	WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years III Under 1 Yr. Hours Min. Months Doys Hours Min.
		11. BIRTHPLACE (Stote or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? USA
13. F	FATHER'S NAME GEORGE GUMBY	ANNIE ALLEN
5. V Yes,	(no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	PATIENT TOA GUAPBESS PORTLAND ST.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode all dying, e.g., heart failure, asthenia, etc. It means the disease,	noma of Pancreas Between onset and death
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
RTIF	2 1/18/71 WAS PERFORMED Ca Pancreas	20A. AUTOPSYSTES OF No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, farm, loctory, street, off etc.)	ice bldg., INJURY OCCUR?
3	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	21F. HOW DID INJURY OCCUR?
	22. 1 certify that (1) (this haspital) attended the deceased from	1/3 19 H to 3/6 19 H,
	that (I) (we) last saw the deceased alive an	19
	23A. SIGNATURE DOLARRAD AHOR Phys	nding Med. Shaff Phys. 3/6/71
	23C. PHYSICIAN'S NAME (Type) GEORGE J. BERAKHA	Johns Hopkins Horkital
	DEGREE	
1	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE. 3/11/7/ Jely C DATE RC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	MATORY 24D. LOCATION (City, town, for county) (State) Colored Salishing Md [25C. EMNERAL DIRECTOR ADDRESS.
	MEDICAL CERTIFICATION 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	S. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) INSTITUTION S. SEX



25C. FUNERAL DIRECTOR

ADDRESS

Charles A. Rice 661 W. Barre St.

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

258, NAME OF REGISTRAR

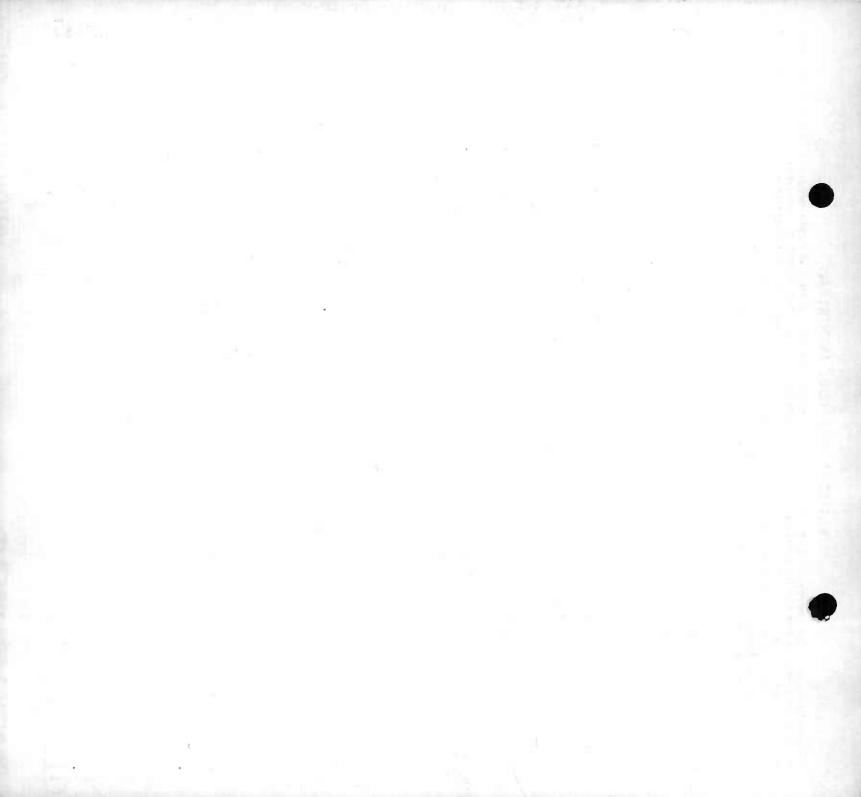
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

,	/	71	2325	BALTIMORE CITY	HEALTH DEPARTMEN	Τ /			ct
BIK	H 656		F	CERTIFICA	TE OF DEATI		71	232	5
	AME OF DEC	Kirk Ear			2. DAT	E AND HOUR OF D	EATH		
3 1	HACE IN BAL	IMORE MARYLAND,	oy Harme		4. USUAL RESIDENCE	Where deceased live	d. If institutions re-		O PM.
FU	LL NAME OF			UTION, GIVE STREET	Mary land	OUNTY	2. INSIDE CITY LIF	758	
	0 17				Baltimore		YES X	NO	
	3/	Mercy Hos	pital,	nc.	5748 Maple	ehill Road	#21214		
5. \$	EX	6. RACE	7- MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In year lost birthday)	If Under	1 Yr. Il Unde	or 24 Hrs.
	Male	White	WIDOWED	DIVORCED [3/11/71	iosi omnocy,);	35
IOA	USUAL OCCU	PATION (Give kind of wor	108 KIND O	P BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZ	EN OF WHAT	
done	Infant	working life, even if refired)	1000		Maryland			USA	
13.	FATHER'S NAM	AE			14. MOTHER'S MAIDEN	NAME			
	G.	Keith Harme	yer		Kathleen A	ustin			
15. Yes	Was Deceased uno or unknown)	Ever in U. S. Armed Fe	rces? es of service)	1 & SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	No			None	Mr G. Keit	th Harmey	er	Same	
	18. 7 4	2/1		CAUSE OF DEAT				APPROXIMATE IN	
CATION	DISEASES Crise to the UNDERLYING OTHER SIGNIF TO THE DEAT	of mean the mode of estimation, etc. It means plication which causes ANTECEDENT CAUSE: OF CONDITIONS, if a clove cause (A) CONDITION last. ILLICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTIES TO CONDITION GIVEN GIVE	s the diseased death.) S any, giving stating the S DNTRIBUTING THE TERMINAL RT 1 (A).	(B) DUE TO, OR AS (C) Complete (Propher	Prenatuit A CONSEQUENCE OF: Machital and A CONSEQUENCE OF: Machital and Machital	y omely in , Hyper		5 min	
CERTIFICA	2	OPERATION 19% CON WAS PE			yes	9.	G CAUSES OF E	PEATH?	
A	OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF medical examined	21 horeto	B. PLACE OF INJURY (e.g., me, farm, lactory, street, c	in or obout 21 C. WHERE D. ffice bldg., INJURY OCCU	ID (If In B	Boltimore City, give	exact facation)	
	21D.TIME OF INJURY IAPPROX.)	(Year)	w	LINJURY OCCURRED Not Whi	le C	INJURY OCCUR?			
				OR L AT TYOK			2/14		7/
		that (1) (this hospital		the deceased from	3/4·		r) opinion dear		the dote
	and hour and	from the causes sta	ated above.	(I) (We) (did) (did not)	view the body after de	ath.			
	23A. SIGNATU						238. DAT	E SIGNED	
		Kul	amir	Phy	ending Med.	Staff Phys.	3/5	5/71	
	23C. PHYSICIA NAME (T	VDC V	J.EUF	DE GREE	23D. ADDRESS		1/		
24/	BURIAL CRE	MATION, 248. DATE	24 C. N	AME of CEMETERY of CR	EMATORY 24	ID. LOCATION	(City, town, o	r countyl	(State)
25	Buria	1 3/6/ BY HEALTH DEPT.	71 G	ardens Of F	aith	Baltimore	Maryla	and ADDRESS	
231	MAR 9	1971 Pages	E. Jail	ey MADO		J Ruck In	c. Balt		Md
VS	150-REV. 1/1/	68				i i			



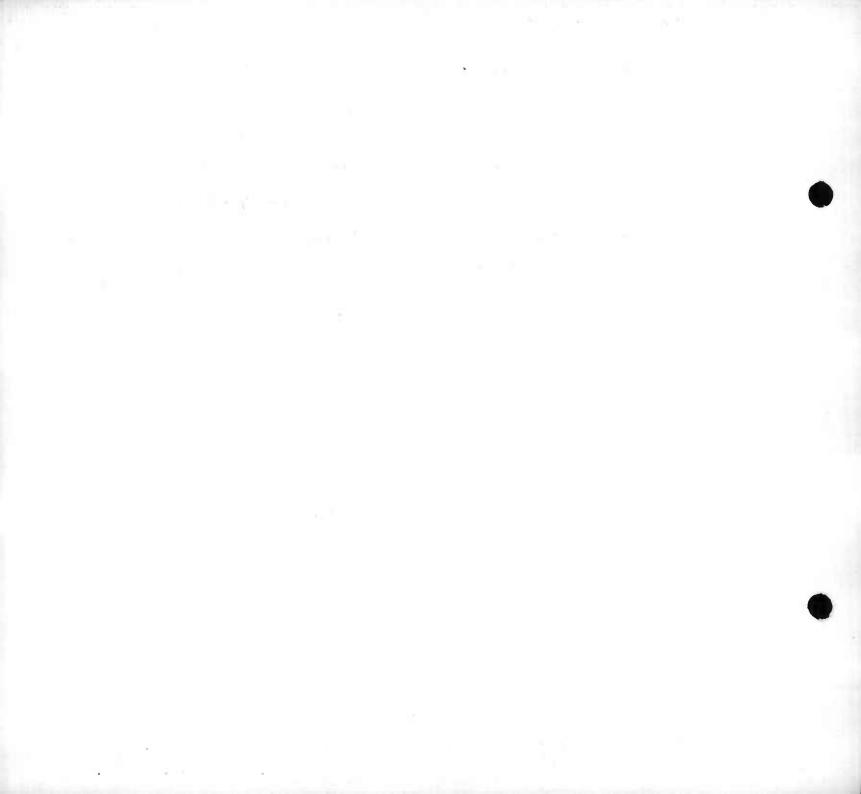
FUNERAL DIRECTOR: IMPORTANT

1	1		BALTIMORE CIT	Y HEALTH DEPARTMENT		71 2020
J-530	71	2226	CERTIFICA	TE OF DEATH	REG. NO	12 2040
BIRTH NO. 1, NAME OF DEC	EASED	~0.G(2	2. DATE	AND HOUR OF DEAT	H , , , , ,
Type or Print)	ADA	E.	GANNON		3/6	121 4 3P N
. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO		4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institution: residence before admission)
PILLS NAME OF	ALC NOT IN HOCKET	A	UTON CIVE STREET	Md.	ONT	1759
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	ID. IN	ISIDE CITY LIMITS?
N31110110N				Baltimore		YES NO
90	Gould Conv	alesar	ว่ เมm	E. STREET AND NUMBER		
10				Gould Conv	valesarium	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
F.	W.	WIDOWED		6/25/71	lost birthday)	Manths Days Haurs Min,
A. USUAL OCC	UPATION (Give kind of work		**	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY
_	working life, even if retired)					
lousewij				Md.		USA
FATHER'S NA		0		14. MOTHER'S MAIDEN N	IAME	
		Sites				
	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or dote	2 OL 26LAICE)	SECURITY NO.	Thomas Conw	12V 6210 C	etalpha Pd
no			CAUSE OF DEAT		ay only be	APPROXIMATE INTERVAL
165	X		CAUSE OF DEA	10		BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY		P. 1-	0/	/
(This does	nat mean the mode of	dvina e a	(A)IMMEDIATE CA		Lun	Som.
heart failure,	asthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF		
injury or can	injury or camplicalian which coused death.)			//		
	ANTECEDENT CAUSES		(B)	Chemia		weeks
	OR CONDITIONS, if		DUE TO, OR A	S A CONSEQUENCE OF:	4.	
	e abave cause (A) G CONDITION last.	stating the	10 Care	on DIE	Harldon	months.
O I I D E I E I I I I			(C)			
Z OTHER SIGNIE	II FICANT CONDITIONS CO	NITRIBUTING	Agn	putine : 2°	stone.	
TO THE DEAT	TH BUT NOT RELATED TO T	HE TERMINAL	Chrisin Ostopes	mi ASCVO.	Carebral Certains	luni
DISEASE OR C	ONDITION GIVEN IN PAR OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES. WER	E FINDINGS CONSIDERED
0	WAS PER	FORMED			IN CERTIFYING C	AUSES OF DEATH?
19A. DATE OF	NT WAS UNDERLYING	7 21R	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If In Boltim	nare City, give exact location)
, OR CONTRIBL	JTING CAUSE OF	hom etc.	e, farm, factory, street,	office bldg., INJURY OCCUR?	, in in banki	Sir Sire saud Inculture
)	medical examiner)					
21 D. TIME OF INJURY	(Manth) (Day) (Year)		INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
(APPROX.)		Wh	ile At Not Whi			
22 1	that (1) (this hame's			11/22/	19 20 to	3/6/ 1971
	that (1) (this haspite		2/	-/-		
thot (I) (was)	last sow the decease	ed olive on		5 / 19 2/ ond	that In (my) (ous) o	pinion deoth occurred on the do
		ted obove. (I	(We) (did) (did not)	view the bady ofter deot	h.	
23A. SIGNATU	JRE					238. DATE SIGNED
alle	- B Bruthen	/	// // Dh.	ending Med. Director	Staff Phys.	3/6/71
23 C. PHYSICIA	IN'S		DEGREE	23D. ADDRESS		
NAME (T	ype)		The Park of	4900 Belai	r Rd Rol+	o Md
Alber	t B. Bradle		Md DEGREE			
AA. BURIAL CRE	MATION, 24B. DATE Specify)	24C. N	AME of CEMETERY of CF	ZEMATORT 24D	. LOCATION	(City, town, or county) (State)
Buria	1 3/10/	71 Ho	Ly Cross, B	rooklyn	Brooklan	Ma
SA. DATE REGID	BY HEALTH DEST.	25B. NAME C	OF REGISTRAR	rooklyn 25C. FUNERAL DIRECT	OR YII,	ADDRESS
MAK 9	19/1 345018	E. Mark	14 4 B) (. Ruck Inc	
'S 150-REV. 1/1/	68	1				

1647 E cold Spring La.

FUNERAL DIRECTOR: IMPORTANT

	M-460 71 23	2.7	HEALTH DEPARTMENT	REG. NO.	71 2327
	RTH NO.	CERTIFICA	TE OF DEATH	KEG, NO	- Giran
	NAME OF DECEASED	2	2. DATE AN	D HOUR OF DEATH	
_	Miller Norve	R.	11:2	Dam. 3	17/71
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If insti	tution residence before admission)
H	LL NAME OF (IF NOT IN HOSPITAL OR IS DSPITAL OR ADDRESS OR LOCATION) STITUTION	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	2735 CITY LIMITS?
14	15		Baltimore		/ES 🛛 NO 🗌
G	ood Samaritan	Hospital	3209 Cle	arview A	lve
1	Male Wilhite WIDO	MILES EN MARKED		9. AGE (In yeors last birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or forei	gn' country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S NAME	Forman	Virginia 14 MOTHER'S MAIDEN NAM	AE.	U.S.
	Sylvester Mil		Lucy	Kirks	
15. (Yo:	was Deceased Ever in U. S. Armed Forces? 5,00 or unknown) (If yes, give wer or dotes of serv		17. INFORMANT	11110	ADDRESS
-	NO	212054595	Mrs. Virginia	Miller sa	me
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	reinond	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	AND MANAGORATE CALL	12.	luna	Umo.
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	0.0	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	5.			
	DISEASES OR CONDITIONS, if any, ginse to the abave cause (A) stating	ving (B)	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATION	NG Pon a	ly some		
	DISEASE OR CONDITION GIVEN IN PART 1 (A).		ISON AUTONOMO (V N.)	000 10 10 10 10 10 10 10 10 10 10 10 10	***************************************
CERTIFIC	2 WAS PERFORMED		20A. AUTOPSY? (Yes or No)	208 IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofily medicol exomine)	218 PLACE OF INJURY (e.g., in home, form, loctory, street, offi etc.)	or obout 21C. WHERE DID co bldg., INJURY OCCUR?	(il in Boltimore C	Ity, give exect location)
MEDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E INJURY OCCURRED While At Not While	21F. HOW DID INJU	JRY OCCUR?	
	(APPROX.)	Work LJ At Work			8
	22. I certify that (1) this haspital attend	ed the deceased from	5/2 1	9 2/ 10 3/	7 1976
	that (1) (we) last saw the deceased alive	on	19ond the		n deoth occurred an the dote
	and hour and fram the couses stated obay	e(i)(We) (did) (did nat) vi	ew the bady after deoth.		
	23A. SIGNATURE		ding Med.	Shaff 23	38, DATE SIGNED
	230 PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	nys. —	20010
24A	BURIAL CREMATION, 248, DATE 240 REMOVAL (Specify)	DEGREE C. NAME OF CREATERY OF CREATERY	MATORY 24D. LO	CATION (City,	town, or county) (State)
L	Burial 3/11/71 P	arkwood		ltimore, Mo	~
M	AR 9 1971 P.A. & E. Z.A.	ALB C	dechard J.	Ruck Inc.	Balto. Md
VS	150_PEV_ 1/1/48				

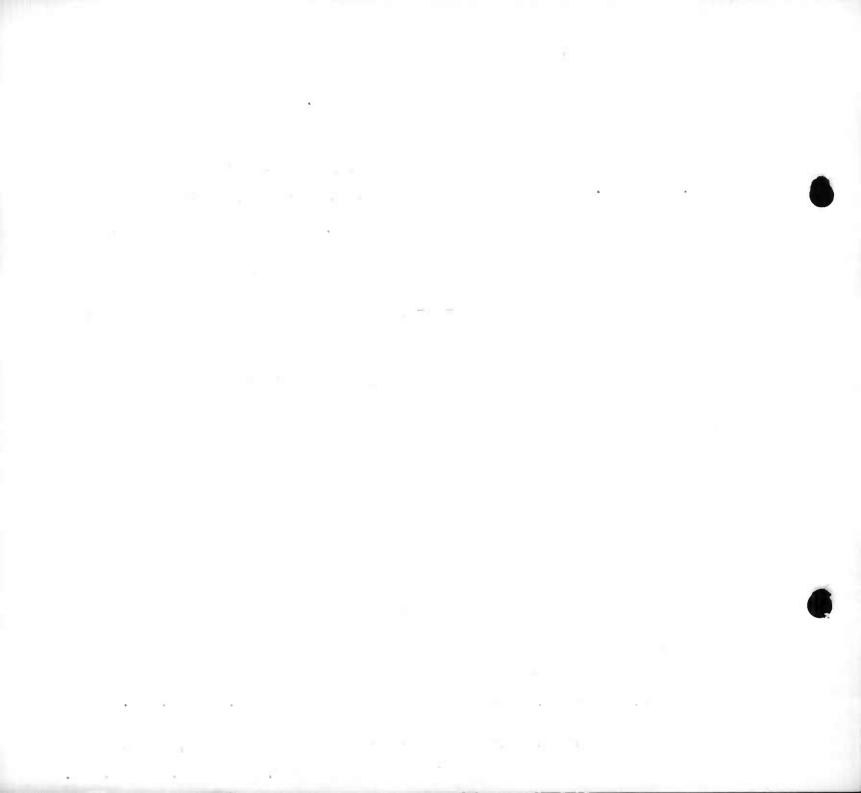


IMPORTANT

DIRECTOR:

FUNERAL

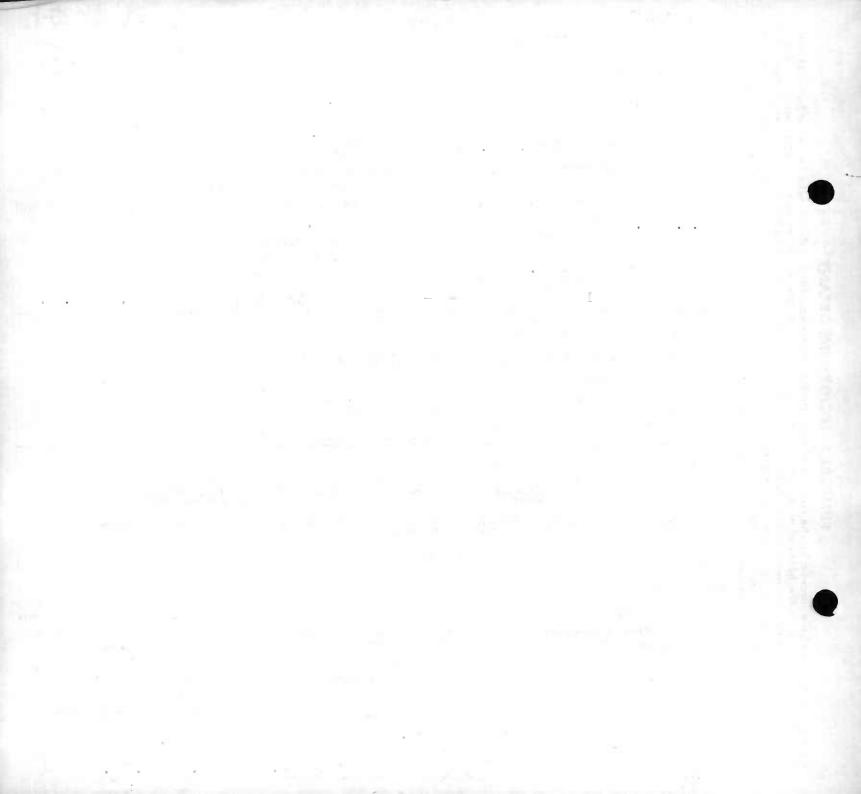
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in IMPORTANT FUNERAL DIRECTOR:

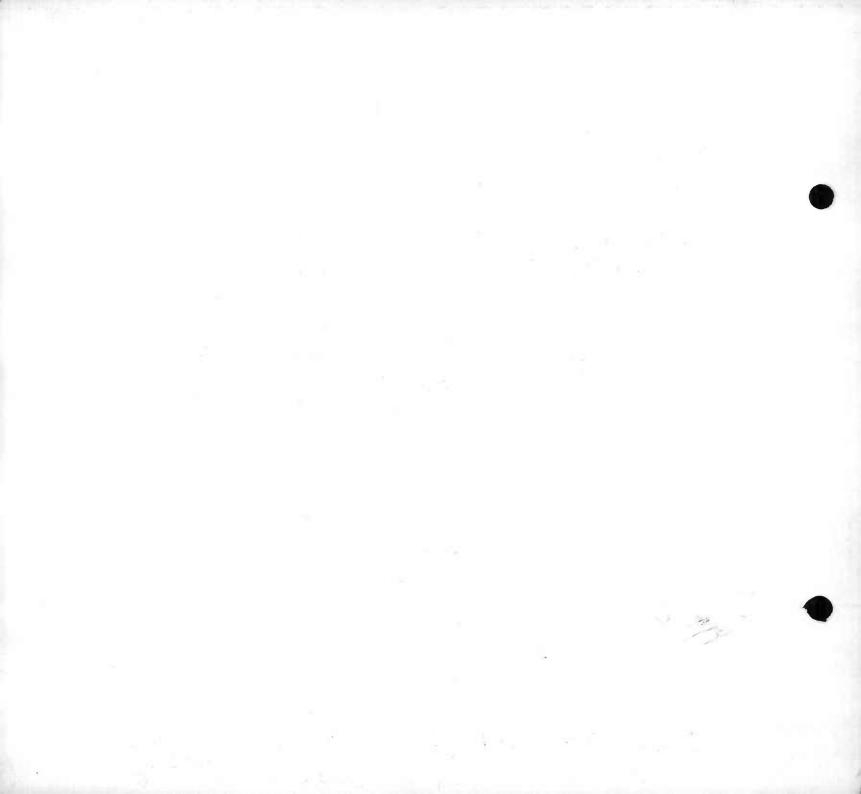
a hospital and

-			BALTIMORE CITY	HEALTH DEPARTMENT		mi4 0000
0-565 BIRTH NO.	71	232	CERTIFICA	TE OF DEATH	REG. NO	71 2329
Type or Print)				2. DATE	AND HOUR OF DEATH	
Type of Finns	Daniel Sommer	man		3/7/	/71	1 2:00 a
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONC	UN CED DEAD	A. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased fived, if in	stitution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md.		906
NOTFUTTEN	ADDRESS OR LOCA	AllON)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
3 M				Balto.		YES NO
5/	Mercy Hospit	al, Inc	•	2705 The Al		
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	II Under 1 Yr. , If Under 24 Hrs
M	W	WIDOWED		8/22/97	last birthdoy)	Months Doys Hours Min.
USUAL OCCL	JPATION (Give kind of work			11. BIRTHPLACE (State or f	preign country)	12. CITIZEN OF WHAT COUNTR
ne during most of v U_S_Govt	working life, even if retired)	Postof		Md.		USA
FATHER'S NAA	ME			14. MOTHER'S MAIDEN N	AAAE	
		r.			a Bachman	
Wes Deceased	Sommerman, S Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
yes	(If yes, give war or date	s of service)	214-44-5068	Albert Street	t 170 Stanmon	re Rd. Balto.Md.
18. / 5	3,8		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(ANIMMEDIATE CAL	SE Intestinal (Obstruction_	k -Buries
(This does no	ot mean the mode of	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		
	asthenia, etc. It means plication which coused					
	ANTECEDENT CAUSES		C 1.	A ALL - 1	0	
			(B) Colintrality	A CONSEQUENCE OF:	arcin americasi	
	R CONDITIONS, if		1			
	CONDITION last	erating the	(c) Care	manua of Col	au_	
-	11					
OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING				7 - 0
DISEASE OR CO	<u>ONDITION GIVEN IN PAR</u>	T 1 (A).	**************		**********************	
19A-DATE OF	OPERATION 198 CON WAS PER	DITION FOR	WHICH OPERATION	20A-AUTOPSY? (Yes of	No. 208 IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
	T WAS UNDERLYING	216	PLACE OF INJURY (e.a. in	or about 21C. WHERE DID	(If In Rollimer	City, give exoct location)
OR CONTRIBU	TING CAUSE OF medical examined	hon etc.	ne, form, factory, street, of	fice bldg. INJURY OCCUR?	tu ur noumar.	- Only And exect tecotron)
21 D. TIME	(Month) (Doy) (Year)	(Hour 21E	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY		WI	ile AI Not While			
		Wo	AT WORK	Ш		
22. I certify	that (1) (this hospital) attended t	he deceased from	3/6	19 1 to	3/1 19
that (1) (we)	lost saw the decease	d ollve on	3/6	197/ and		nian death occurred on the dat
			IV (WA) (JAS) (July A)	lew the bady after death	infinity famil abit	decin occurred on the dat
23A. SIGNATU		000Ae' (I (He) (aid) (did nat) v	lew the bady after death	10	
230 SIGNALDI		P	111 7	odla em		23B, DATE SIGNED
	/haueroj	nauc	DEGREE Phys	nding Med. Director	Stoff Phys.	3/7/7/
23C. PHYSICIAI	THANKSO	PHO N		23D. ADDRESS	CCY HOSPIT	Α.(
A. SURIAL CREA	MATION, 248. DATE		OEGREE AME of CEMETERY of CRE			(danta
REMOVAL IS	pecily)			The state of the s		y, town, or county) (Stote)
Burial	3/10/7	Bal	timore Cem.	E	Baltimore, Md	
A. DATE REC'D	MEALTH DEPT.	25B, NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
MAR 9	1977 Ball 8	. Walke	784 1 (1)	n beorardal.	Ruck Inc. Ba	Ito. Md.
150-REV. 1/1/6	A		-	1	Taon and Da	
	•					



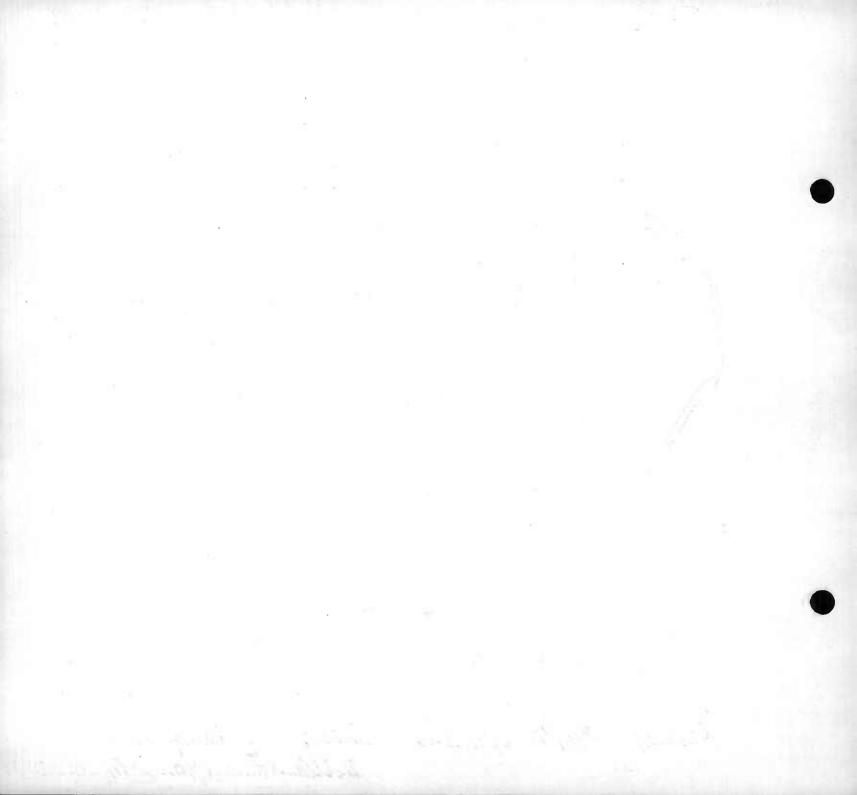


71 2331	BALTIMODE CITY	HEALTH DED A DELLER		
B-406 71 2331		HEALTH DEPARTMENT	PEG 110	71 2024
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	71 6301
1. NAME OF DECEASED	1 2 11 1	2. DATE AND	HOUR OF DEATH	
L'Iciarger V	· Fallaghe	V N	10-5-1	67/1 6 1 50 A.
3. PLACE IN BALTIMORE, MARYLAND WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. Il insti	itution: residence before admission)
FULL NAME OF MENOT IN HOSPITAL OF MISTER	W. T. C	A. STATE B. COUNTY		1201
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JIION, GIVE STREET	C. CITY OR TOWN	la division	1301
1/7	0.1	B ISA		E CITY LIMITS?
Par Day Our	1/	E. STREET AND NUMBER	oce !	YES NO
I anyland General He	esp, out	2451 6.1	Paul Aus	2
5. SEX 6. RACE 7. ALADRIED	Z A(5)(5) 14 A A A A A	B. DATE OF BIRTH 19.	1100	,
			AGE (in years t birthdoy) /	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF	DIVORCED	0/12/02	68	
done during most of working life, even il retired)	BOSINESS OK INDOSIKI	11. BIRTHPLACE (State or loreign	country)	12. CITIZEN OF WHAT COUNTRY?
17/AutenAnce	***************************************	Md.		U.S. A.
13. FATHER'S NAME	[1	4. MOTHER'S MAIDEN NAME		27 - 77
Edward GAllAgher	Í	ANNA .		
15. Was Deceased Ever in II S Arred Econo?	1 6. SOCIAL	7- INFORMANT		
(Yes, no or unknown) (It yes, give war or dotes of service)	SECURITY NO.	Cele	a Gallag	ADDRESS
		Mrs Atota	1	2011 Caller Ann
18 43/,71	CAUSE OF DEATH	2-000 11-000	001601-03	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	INTRA CET	versione 18817 8	MONTH OF	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUS	E CIVIA DO	SARRIE OF	na 15hr.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:	100000	
injury or complication which caused death.)	HYPERTE	msive carebra	5 U/Bacca	
ANTECEDENT CAUSES	m Hark	18x 18 45 (114)	DISEASE	945
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR'AS A	CONSEQUENCE OF:	*****************	
underlying condition last.				
ONDERCTING CONDITION Idsi.	(C)			
Z OTHER SIGNIFICANT CONTINUES OF THE PROPERTY				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR W WAS PERFORMED	WICH OPPOSITION	1004		***************************************
WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FIN	DINGS CONSIDERED
U 23A ACCIDENT WAS LINDERLYING TO 1218 6	NACE OF MILITARY	The state of the s		13
OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., in a form, foctory, street, affic	e bldg., INJURY OCCUR?	(If In Boltimore C	ity, give exect locotion)
O DEATH (noilly medical examiner)	HOM 6			
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROX.) White	At While		ne ₂	
22. I certify that (1) (this hospital) attended the			24	
show (1) (1) (1) (1) in nospitol) diffended the	deceased fram	3-4 19		
that (1) (we) last sow the deceased alive an		197/and that I	n (my) (aur) opinio	n death accurred an the date
and haur and from the couses stated above. (1)	(We) did (did nat) vie	w the bady after death.		
23A. SIGNATURE			23	B. DATE SIGNED
X 7- 6	Attend Phys.			7/2/-
23C. PHYSICIAN'S NAME (Type)	DEGREE	D. ADDRESS	.,	3/5/7/
Dr. Kushner /-	6 . 1	N/ 0 //	2	Umm
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	Ka mate DEGREE	Mary and	Taneral	10575
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	1 8/1	ATORY 24D. LOCA	TION (City, 1	own, or county! (Stote)
BURIAL 3/10/71 HR	butus //em	. IK. Reh	utus. D	1/0.
25A. DATE REC'D BY HEALTH DERT. 258. NAME OF		25C. FUNERAL DIRECTOR	KKIKI TA	WALL ADDRESS
MAR & 1977 Olasans E. Karben	54. 0000	AND ED	1349 M.	edhour ST (M. Blow
VS 150-REV, 1/1/6B		THE THE PARTY OF T	1770 100	- Drown 1 11, Don

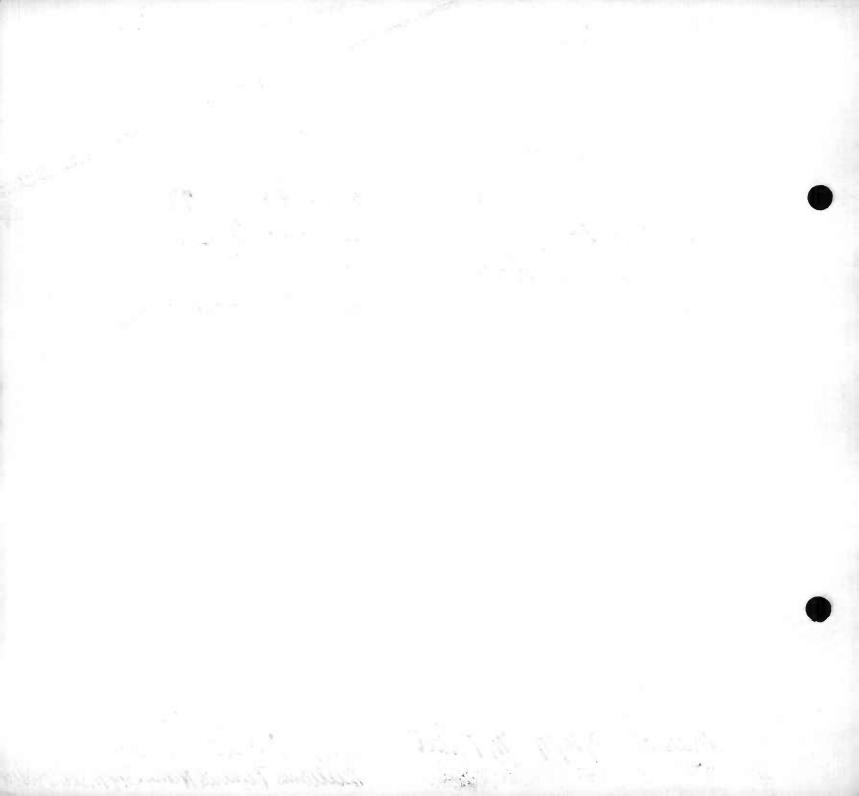


VS 150-REV. 1/1/68

C -	, ,		BALTIMORE CITY	HEALTH DEPARTMENT		74 0000	
D-36 BIRTH NO.	63 71 2	332	CERTIFICA	TE OF DEATH	REG. NO	71 2332	
I.NAME OF DEC	Mamie :	N. Str	atton		and hour of deat ch 5,1971	H N	
3. PLACE IN BA	LTIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived, If	institution: residence before admission)	
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Md.	ONT	1901	
HOSPITAL OR	ADDRESS OR LOC	ATION)	olion, GIVE SIKEE	C.CITY OR TOWN	D. IN	ISIDE CITY LIMITS?	
01300	W. Saratog	a st.		E. STREET AND NUMBER		YES NO	
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.	
emale	Colored	WIDOWED		Aug.16,1901	lost bighday	Months Doys Hours Min.	
	working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	ACCOMAC CO	• Va.	12. CITIZEN OF WHAT COUNTRY	
B. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME			
George	E. Kellum			Annie Walk	er		
. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL				17. INFORMANT		ADDRESS	
no of unknown	n) (If yes, give wor or dot	es of service)	SECURITY NO.	Charlie Str	atton 1366	W.Saratoga St.	
DISEASES rise to the UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR O	not meen the mode of asthenio, etc. It meens implication which coused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) G CONDITION lost. II FICANT CONDITIONS CO. III BUT NOT RELATED TO 1 CONDITION GIVEN IN PAIF OPERATION 198. CONWAS PER	ony, giving sloling the NTRIBUTING HE TERMINAL IT I (A).	(P. 3) OK	A CONSEQUENCE OF: A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes or	~ 0/18:00 h		
OR CONTRIB	NT WAS UNDERLYING	hor	ne, form, factory, street, a	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltim	nore City, give exact location)	
21D. TIME OF INJURY (APPROX.)	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY				NJURY OCCUR?		
that (I) (we	22. I certify that (I) (this haspital) attended the deceased fram 19 7 1 19						
23A. SIGNAT		100 00010. (if (we) (did) (did her)	view the body offer dear	***	23B, DATE SIGNED	
00221	- My	NA	Dh.	ending Med. Director	Staff Phys.	3/8/21	
23C. PHYSICIA	AN'S Type)		DEGREE	23D. ADDRESS	1	x 11.	
Mill	war be	Mat	15 DEGREE	1 DAY HAPIS LS	SOM SI		
REMOVAL	(Spocy(y) 24B, DATE	24C. 19	AME OF CHAMETERY OF CR	EMATORY 24D	VOCATION THE	(City Town, St. county) (Stole)	
SA. DATE REC	BY HEALTH DETY.	258. NAME	OF YEGISTRAR	25C. FUNERAL DIRECT	98	ADDRESS	
MAR 9	BIL Vascos E	Scoton	MA 0 0 -0	YOK STRACK	tunew Hon	103197 SAUSONELS	
MAR 7	MAL MODERA	ACTOR OF	0	YUKUMAN)	timent you	LODIAII, SCHWALL	

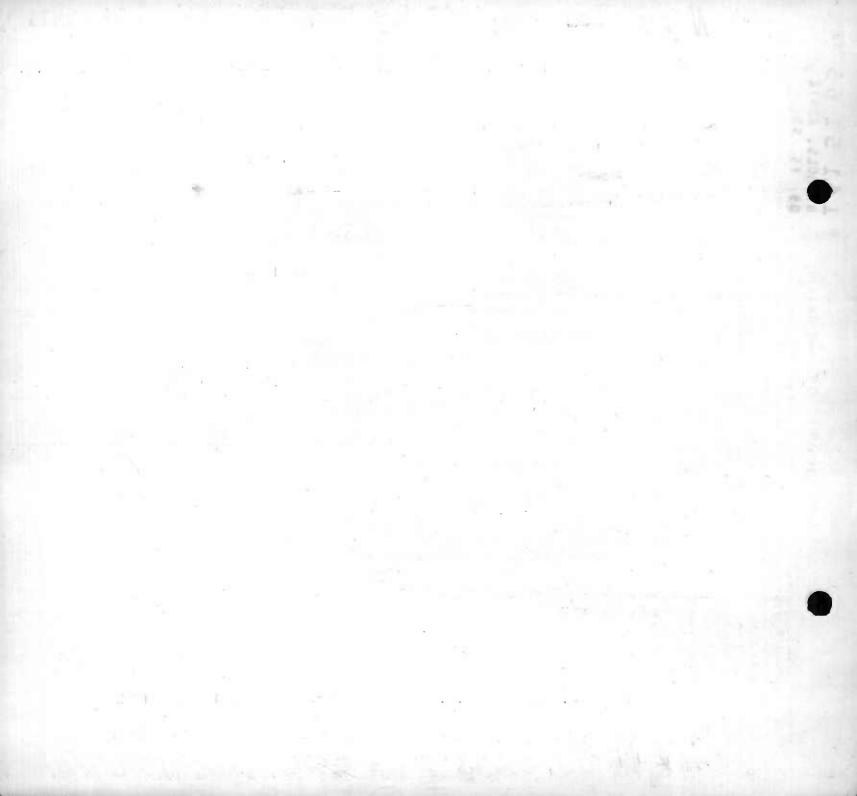


VS 150-REV. 1/1/68



00

4/ 4/10		ORE CITY HEALTH DEPARTMENT
N-242 71 2	2334 CERT	TIFICATE OF DEATH REG. NO. 71 2334
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH
ANNIE NIC		03-05-71 10:55 P.M.^
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence butter admission) A, STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE ST	TREET MARYLAND 802
HOSPITAL OR ADDRESS OR LOCA	ATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
THE JOHNS HOPKINS	HOSPITAL	BALTIMORE YES X NO
3 BALTIMORE, MD 212	205	E. STREET AND NUMBER
		1821 N. PATTERSON PARK AVE
SEX 6. RACE	7. MARRIED NEVER MAI	S DATE OF SIRTH 9 AGE (In years 16 linder 1 Yr 16 linder 24 Hzs
	WIDOWED	DOS 15-95 POURS MIN.
FEMALE NEGRO OA, USUAL OCCUPATION (Give kind of work	108 KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (Slote or loreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		811-11111111111111111111111111111111111
2 FATHER'S MALAE		Matters march man
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
		ANNIE IORDAN
S. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (If yes, give war or date	ces? 1 6. SOCIAL SECURITY	17. INFORMANT JORDAN ADDRESS
was give war ar and		
1B. A A	212-56-460	OF DEATH APPROXIMATE INTERVAL
WAS PER 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Manth) (Doy) (Year)	ony, giving DUE stating the (C) NTRIBUTING HE TERMINAL IDITION FOR WHICH OPERAT FORMED 21B. PLACE OF INJ home, form, foctory etc.,)	JURY (e.g., in or obout 21 g. WHERE DID INJURY OCCUR? (Il in Boltimore City, give exoct locotion)
OF INJURY	While At	Not While
MIFROM	Work L	At Work
22. 1 certify that (1) (This hospital	Sattended the deceased	from 3/3 197/ta 3/5 197/
that (1) (we) ost saw the decease	ed alive an 3/5	
		did not) view the body ofter deoth.
23A. SIGNATURE	1 (1)	23B. DATE SJÖNED/
01/2	- 1 Vand	Altending Med. Staff the
yourence	h. Lory	Phys. Director Phys. 4
23 C. PHISICIAN'S NAME (Type) LAWRENCE J. KO	FP M.D.	THE JOHNS HOPKINS HOSPITAL
	, 24C. NAME OF CEMET	OEGREE
Shared 3/14/1	Car M.	eminal Rost Lours Murcher
MAR 9 1971 Robert E.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Junel 17/2 W. North A
/S 150-REV, 1/1/68		



IMPORTANT

DIRECTOR:

FUNERAL



25 C/FUNERAL DIRECTOR

ADDRESS

SA. DATE REC'D BY HEALTH DEPT.

VS 1S1-REV. 1/1/68

2SB. NAME OF REGISTRAR

Letter from M.E.'s office 3-26-71 M.H.

I. NAME OF DE Type or Print)		WILLIE	BRYAN	T	2. DATE OF DEATH	Known Estimoted	Month	Doy	Yeor	Hour
. PLACE IN BA	ALTIMORE, MARY	LAND, WH	ERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
ULL NAME OF OSPITAL	(IF NOT I	N HOSPITAL	OR INSTITUTI	ION, GIVE STREET	PRONOL	INCED DEAD	3	4	1971	5:03
RINSTITUTION					5. USUAL RE	SIDENCE (When		ed. If institution B. COUNTY	n: residence l	ofare odmission
	ovident	Hospita	al	- X	A. STATE Ma	ryland		b. COOI411	/-	301
SEX	7. RACE	B	MARRIED [NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	
male	negro		WIDOWED		1	lto.		Y	ES 🗵	NO 🗆
DATE OF BIR		0. AGE (In y ost birthdoy)		nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.		ND NUMBER Madison	Ave.			
BIRTHPLACE	(State or foreign	country)		CITIZEN OF	13. FATHER	SNAME	, .		1	
Calqua	h n.()	nolin	a :	WHAT COUNTRY?	Wil	Phil 1	4/30	naul	_	
	UPATION (Give k		B. KIND OF	BUSINESS OR INDUSTR	15. MOTHER	S MAIDEN NA	ME	1		
					THAN	uce i	Vela	uis		
	SED EVER IN U.			17. SOCIAL SECURITY NO.	18. INFORM	AANT	00	A	DDRESS	
	m			244-42-0940	Flore	nece P	nyan	A		
19.41	2.4.			CAUSE OF DEA	TH					PROXIMATE INTER
DISEA	SE OR CONDITI	ON DIRECT	LY	Arterios	cleroti	c cardio	rascula	r disea	se	
	LEADING TO			(A)IMMEDIATE	CAUSE					
(This does	not meon the m	ode of dying	g, e.g., iseose.		AS A CONSEQ	UENCE OF:				
DISEASES	ANTECEDENT CA	NS, IF ANY, C	GIVING	(B)	AS A CONSEC	QUENCE OF:				
DISEASES RISE TO THE	ANTECEDENT CA	AUSES NS, IF ANY, C E (A) STATIN N LAST.	GIVING	(B)(C)	AS A CONSEC	QUENCE OF:				
DISEASES RISE TO TH UNDERLY OTHER SIG TO THE DI DISEASE O	ANTECEDENT CA GOR CONDITION HE ABOVE CAUS ING CONDITION	AUSES NS, IF ANY, C E (A) STATIN N LAST. PITIONS CON ELATED TO TH	GIVING NG THE NTRIBUTING HE TERMINAL	(c)	AS A CONSEC	QUENCE OF:				
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DISEASES RISE TO THE UNDERLY OTHER SIGNOTHER DISEASE CO.	ANTECEDENT CA GOR CONDITION HE ABOVE CAUS ING CONDITION ING CONDITION SUIFICANT COND EATH BUT NOT RE OR CONDITION G	AUSES NS, IF ANY, C E (A) STATION N LAST. OITIONS CON ELATED TO TH	GIVING NG THE NTRIBUTING HE TERMINAL T 1 (A).	(c)					21. AUTO y ∈	
DISEASES RISE TO THE UNDERLY OTHER SIGN TO THE DID DISEASE CO 20A. DATE CO 22A. EXTERNAL EXTERNAL DISEASE CO	ANTECEDENT CASE OR CONDITION HE ABOVE CAUSING CONDITION OF CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONDITION OF CONTRACTOR CONDITION OF CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONDITION OF CONTRACTOR CONTRACT	AUSES NS, IF ANY, C E (A) STATIN N LAST. PITIONS CON ELATED TO TH IVEN IN PART 20B. COND AS EIB-	SIVING NG THE NTRIBUTING HE TERMINAL T 1 (A). DITION FOR	(c)	AS PERFORM	ED 2C WHERE DID	(if In BoltImor	e City, give exc	ye	
DISEASES RISE TO TH UNDERLY OTHER SIG TO THE DI DISEASE C 20 A. DATE C UNDERLYIN UTING C 220. TIME	ANTECEDENT CASE OR CONDITION HE ABOVE CAUS ING CONDITION OR CONDITION OF OPERATION OF OPERATION RNAL CAUSE W. GOOR CONTRACTOR AUSE OF DEATH	AUSES NS, IF ANY, CE (A) STATIN N LAST. DITIONS CON ELATED TO TH IVEN IN PART 20B. COND AS IIB. 1.	OTTION FOR	WHICH OPERATION W PLACE OF INJURY (e.g., e, form, foctory, street, office)	in or obout 2 the bldg., etc.)	ED 2C WHERE DID			ye	
DISEASES RISE TO THE UNDERLY OTHER SIGN TO THE DI DISEASE CO 20A. DATE CO 22A. EXTE UNDERLYIN UTING C	ANTECEDENT CASE OR CONDITION HE ABOVE CAUS ING CONDITION OF CONDITION OF CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRACTOR CONTRAC	AUSES NS, IF ANY, CE (A) STATIN N LAST. DITIONS CON ELATED TO TH IVEN IN PART 20B. COND AS IIB. 1.	SIVING NG THE NTRIBUTING HE TERMINAL T 1 (A). DITION FOR (Hour) 228.	WHICH OPERATION W PLACE OF INJURY (e.g., e, form, foctory, street, office) 22E.INJURY OCCURRED WHILE AT NO	in or obout 2 ce bldg., etc.)	ED 2C. WHERE DID NJURY OCCUR?			ye	
OTHER SIGNOTHER DISEASE OF INJURY (APPROX.)	ANTECEDENT CAS OR CONDITION HE ABOVE CAUSE ING CONDITION HE ABOVE CAUSE ING CONDITION GRATILIST OF OPERATION OPERATION OPPORT OF OPERATION OPPORT OF OPERATION OPPORT OPP	AUSES NS, IF ANY, C E (A) STATIN N LAST. DITIONS CON ELATED TO TH IVEN IN PART 20B. COND AS EIB- 1. V) (Yeor)	SIVING NG THE NTRIBUTING HE TERMINAL T 1 (A). DITION FOR (Hour) 2 m.	WHICH OPERATION W PLACE OF INJURY (e.g., e, form, foctory, street, office of the complete of	in or obout 2 le bldg., etc.) In	ED 2C. WHERE DID NJURY OCCUR?			ye	
OTHER SIGNOTHER DISEASE OF INJURY (APPROX.)	ANTECEDENT CASE OR CONDITION HE ABOVE CAUS ING CONDITION OF CONDITION OF CONDITION OF OPERATION OF OPERATION OF OPERATION OF CONTRACTOR CONTRAC	AUSES NS, IF ANY, C E (A) STATIN N LAST. DITIONS CON ELATED TO TH IVEN IN PART 20B. COND AS EIB- 1. V) (Yeor)	SIVING NG THE NTRIBUTING HE TERMINAL T 1 (A). DITION FOR (Hour) 2 m.	WHICH OPERATION W PLACE OF INJURY (e.g., e, form, foctory, street, office) WHILE AT NO AT N Inspection AT	in or obout 2 te bldg., etc.) If WHILE VORK	ED 2C. WHERE DID NJURY OCCUR?	NJURY OCĆI	JR?	ye oct locotion)	
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VIALLES Y TROUBLE

1		BALTIMORE CIT	Y HEALTH DEPARTMENT	V	24 2020		
0-650 BIRTH NO.	71 233	39 CERTIFICA	TE OF DEATH	REG. NO.	71 2339		
T. NAME OF DECEASED	REPHEN I	4. ERWIN	2	NO HOUR OF DEATH	1840 PM.		
3. PLACE IN BALTIMORE	MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE B. COU	NTY	titution: residence before admission)		
FULL NAME OF (IF HOSPITAL OR AI	DDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN SEV	ERNA GANA	TEO 5200 DE CITY LIMITS? VES D NO FO		
37	MERCY #	OSPITAL FUC	FIRTH D	ticke	YES NO O		
	30/ 59	· PAM PErson	E. STREET AND NUMBER	ovoor a	A., SEVERNA PARK		
5. SEX 6. RAC	11/	RRIED NEVER MARRIED DWED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
done during most of working I	N(Give kind of work 108, KIN life, even if refined) STUDENT)	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or John	eign country!	12 CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME			
the second secon	HARD J.	ERWIN		UE ANN	WANGLER		
15. Was Deceased Ever in (Yes, no of unknown) (If yes,	U. S. Armed Forces? , give war or dates of ser	SECURITY NO.	PATURE TS	AZ KBOVY	ADDRESS		
18. 247	91	CAUSE OF DEA		18	APPROXIMATE INTERVAL		
DISEASE OR	CONDITION DIRECTLY				BETWEEN ONSET AND DEATH		
	NG TO DEATH	(A) IMMEDIATE CA	ISE REYES	SUNDROM	VE 3 DAYS		
	n the mode of dying.	DUE TO OP AS	A CONSEQUENCE OF				
injury or complicatio	a, etc. It means the dis n which caused death)	(ACIDE	ENCEPHALOPATH	es with F	1779		
ANTEC	EDENT CAUSES	CHAN	LAGS WO THE I	MSEERA-402	92 P.		
DISEASES OR CO	NDITIONS, If any,	(D)	S A CONSEQUENCE OF:				
	re cause (A) staling						
	11	(0/					
O OTHER SIGNIFICANT OF TO THE DEATH BUT !	CONDITIONS CONTRIBUT NOT RELATED TO THE TERM ON GIVEN IN PART 1 (A).	TING INAL					
		FOR WHICH OPERATION	20A AUTOPSY? (You or N	o) 208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?		
OR CONTRIBUTING	S UNDERLYING CAUSE OF	218 PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or about 21 C. WHERE DID office bldg. INJURY OCCUR?	(If In Boltimore	City, give exact location)		
21D. TIME (Month	i) (Doy) (Year) (Houd	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
(APPROX)		While At Work At Work	10-				
22 1	\\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.		1 1 1 1 1 1	10	3/1//10/1		
	22. I certify that (I) (this hospital) attended the deceased from 2/4/7/19 ta 3/19/19/19/19/19/19/19/19/19/19/19/19/19/						
and hour and fram	the causes stated abo	ve. (1) (We) (dld) (dld not)	view the body after death.				
23A. SIGNATURE	ela P. &	meally Moderne At	ending Med. Director	Staff Phys.	238, DATE SIGNED 8/6/7/		
23C. PHYSICIAM'S NAME (Type)	Di D. Gon	Davis un	301 St. PARL	Pr. HERCY	HOSP, AUD. 21202		
24A. BURIAL CREMATION REMOVAL (Specify)		AC. NAME OF CEMETERY OF CI	REMATORY 24D. 1	LOCATION (City	y, town, or county) (Stolet		
Burial	3/10/7/	alvory (e)	4 50	ring field	Ohio.		
LAR 9 797	Paris E 30	AME OF REGISTRAR	So Gert Sa	Barrane	address Hu o Felt Severna Park		
VS 150-REV. 1/68			2000		Tel.		

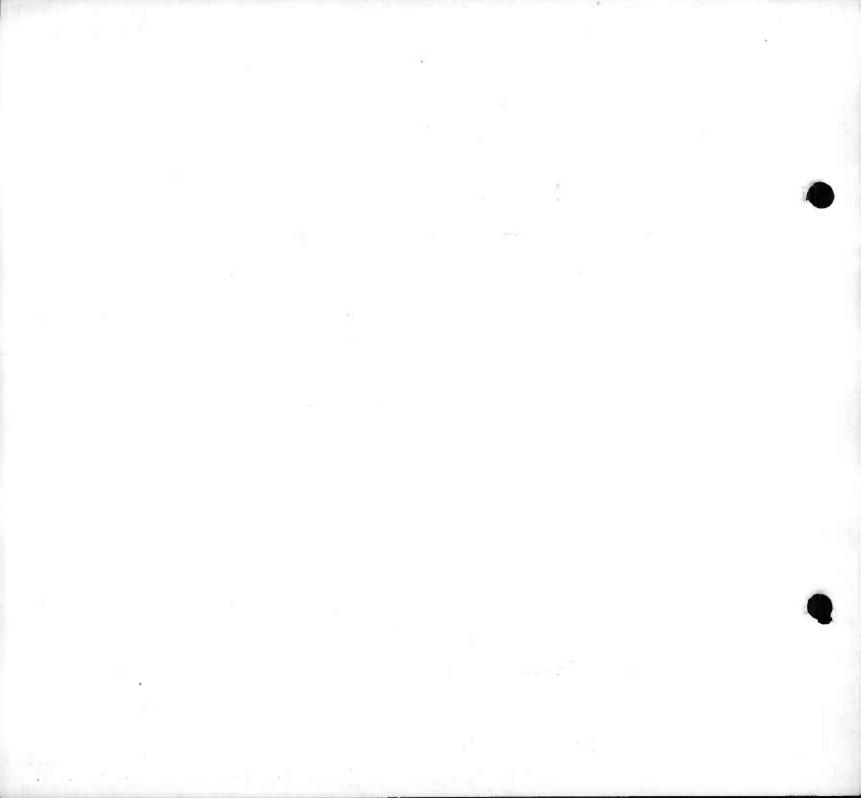


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, the deceased prior to death. Such

		0.40	HEALTH DEPARTMENT	/1	10 413
BIRTH NO.	71 2	340 CERTIFICA	TE OF DEATH	REG. NO. 71	2340
T NIAME OF BESTARES	/ TT		2. DATE AND HOU	P OF DEATH	
(Type or Pfint)	oseph H.	Hite			11:30 A
3 CLACE IN EALTIMORE M	ARYLAND WHER	E CRONOUNCED DEAD	4. USUAL RESIDENCE (Whose desco	sed lived. If institution; re	sidence before admission
JER HEIL	T IN HOSPITAL	A Western V to A start	Rt 1 Bo>	3886	5200
			C. CITY OR TOWN	D. INSIDE CITY LI	MITS?
435outh	halt ben	· Mosto.	Millersuille Mc	YES _	ио 🗷
			RT. / Box	3886 34	p 21108
S. SEX 6. RACE		MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE	(In years If Under	1 Yr. If Under 24 Hr Doys Hours Min.
		DOWED DIVORCED	Aug. 31, 1913	5/	
tion, USUAL OCCUPATION (G done during most of working life,	even if refired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign coun	lry) 12. CITIZ	EN OF WHAT COUNTS
Welder	5	the Co	W. Va.		USI
13. FATHER'S NAME	/	11-1	14. MOTHER'S MAIDEN NAME	11	9
	rles	Hile	Effice	Hill	
5. Was Deceased Ever in U. Yes, no or whknown) (If yes, give	S. Armed Forces?	service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
10		236=14=4614=			
18. 14 7 D X	I SS#236-1			T	APPROXIMATE INTERVAL
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and the second second	TO DEATH	(ANIMMEDIATE CAU	SE Tavant		
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M.H.

(8)	BALTIMORE CITY	HEALTH DEPARTMENT	X	1-14	0044
віятн NO. 71 234 1	CERTIFICA	TE OF DEATH	REG. NO	11	2343
1. NAME OF DECEASED	J .	2, DATE AN	D HOUR OF DEATH		0.150
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONE	DUNCED DEAD	4. USUAL RESIDENCE (When	/-7/	titution: toxidon	245 P M
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)		ASTATE B. COUN 18 Mal B	200K Rd)	aryland
BON SECOURS HOSE	ntal	BaltIMORE	D. 114511	YES X	NO
34		E. STREET AND NUMBER	ROOK Rd		5300
WIDOWED	NEVER MARRIED DIVORCED	4/13/84	ost birthdoy)	If Under 1 Yr. Months Doys	Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND Odone during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	in country!	12. CITIZEN O	F WHAT COUNTRY
Housewife		ENGLAND		11	S
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	1	
William BARRETT		Emma Re	AWLINSON)	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADD	RESS 21207
	212-03-37820	Mrs. John Keeper	s.3922 Chat	ham Rd	Balto Md
18. 4/0171	CAUSE OF DEATH		<u> </u>	APPR	OXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Cardiac ar	100		All and a second
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:		n.	melo-
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)					
ANTECEDENT CAUSES	(a) Corone	in three Corres		8	Edane
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	******		12.
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) 1830	4D		4	ons
z 11			******************************	1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
O DISEASE OR CONDITION GIVEN IN PART I (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONS	IDERED
19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED		no	IN CERTIFYING CAU	SES OF DEATH	?
	PLACE OF INJURY (e.g., in ic, form, factory, street, offi)	or obout 21 C. WHERE DID	(II in Boltimore	City, give exoct	location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
< (APPROX.) Wh	ile At Not While				
22. I certify that (1) (this hospital) attended t		3/1 19	7/ to 3/7		19_7/
that (1) (week) last saw the deceased alive an	3/6	-9.1	In (my) (par) opini	an death acc	
and haur and from the causes stated above. (I) (We) (did) (did not) vi		in (m), can't obtin	on decili deci	sired dit the ddie
23A. SIGNATURE			[2	B. DAJE ŞIGN	ED
Mas / Cloten	MD DEGREE Phys.	ding Med. Si	off D	3/1/71	
23C. PHYSICIANS NAME (Type) JUNOLAN		Balla D	2000	4	
4A. BURIAL CREMATION, 24B. DATE 24C.N.	ME OF CEMETERY OF CREA	MATORY 24D. LOC	ATION (City	town, or county	y) (State)
D			19119,	with our cooling	, (Sigle)
SA. DATE REC'D BY HEALTH DEPT. 258. NAME C	F REGISTRAR	25C. FUNERAL DIRECTOR	altimore, M	ryland	DRESS 21228
MAR 9 1971 Page 2 222	-	Witzke, Inc. (16			
\$ 150-REV. 1/1/68	-	1 3 7 77 78 20		a ave y Del	Too. Prid.



This certificate must be apy lived by the chief medical examiner or his assistant if death curred in a hospital and the body was released to so hospital by a medical examiner. Also, if the direct or courributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. urred in IMPORTANT FUNERAL DIRECTOR:

1	7 -02			BALTIMORE CITY	HEALTH DEPARTMENT		rid 2012
BIR	540 H NO.	71	2342	CERTIFICA	TE OF DEATH	REG. NO	71 2342
1. N	AME OF DEC	EASED			2. DATE AND	HOUR OF DEATH	
	e or Print)	Fones.	Corm	rela	3/2	1/71	1 3.55 A M.
		TIMORE MARYLAND,			A. STATE B. COUNTY	deceased lived, If insli	itution: residence before admission)
HO	L NAME OF SPITAL OR TITUTION			JTION, GIVE STREET	c. CITY OR TOWN		E CITY LIMITS?
1	Una	in lleme	oriol	fortal	E. STREET AND NUMBER		YESA NO .
_							
5. \$	F	6. RACE lite	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	24 - 11 - 93 los	AGE (In years it birthdoy)	Months Doys Hours Min.
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
don	during most of t	working life, even if retired)			ITALY		American
13.	ATHER'S NAM				14 MOTHER'S MAIDEN NAME	^	
		vatore				unprov	
15, \ (Ye)	Ves Deceased and of unknown)	Ever in U. S. Armed Fo lif yes, give war or do	ies of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Char	ADDRESS
	DISEAS	E OR CONDITION D	IRECTLY	CAUSE OF DEAT	-	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH	1	(A) IMMEDIATE CAL	septice	med.	
	(This does n	at mean the mode o	i dying, e.g.,	"DIJETO OD AC	L CONTROLENTE OF		***************************************
	heor failure,	asthenia, etc. It mean plication which cause	s me disease, d death.)		0.0	· lanelis	
		ANTECEDENT CAUSE		MM	o cardeal	Just of the	37
				(B) OP AS	A CONSEQUENCE OF:	*	
	rise to the	OR CONDITIONS, if a above cause (A) CONDITION last		(c) pe	A CONSEQUENCE OF: L monary	mholi	
		11		(0)			
HOL	TO THE DEAT	ICANT CONDITIONS CON BUT NOT RELATED TO	THE TERMINAL				
Q V	DISEASE OR C	ONDITION GIVEN IN PA	RT 1 (A).	VUICH ORDATION	20A-AUTOPSYZ (Yes or No)	OUR IS ARE MEDE EN	NDINGS CONSIDERED
CERTIFICATION		OPERATION 198 CO		VHICH OPERATION	NO	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CAL	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TIME CAUSE OF	21 B. hom etc.	e, form, factory, street, o	n or obout 21 C. WHERE DID	(if In Boltimore	City, give exect location)
MEDI	21D. TIME	(Month) (Doy) (Year	Hour 21E	INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
W	OF INJURY (APPROX.)		Wh	le A1 Not While	• 🗆		
	22. I certify	that (1) (this hospite	al) attended t	ne deceased from	- 2 19	7/ to 2	- 7 19 7/
	that (i) (we)	last sow the deceas	ed olive on_	3/7	19_7ond that	in(my) (our) apini	on death occurred on the date
	and have one	from the couses st	ated obove. ((We) (dld) (dld not) v	lew the body ofter deoth.		
	23A. SIGNATU	IRE /					23B. DATE SIGNED
	7	check		DEGREE Phy		off N	3/7/7/
	23C. PHYSICIA NAME (T		E	CHEIKH	23D. ADDRESS Union A	lemonia	of Hospital
24/	REMOVAL (MATION, 24B. DATE Specify) 3/9/-	24C.N	AME of CEMETERY OF CR	EMATORY 24D. LOC	City,	, town, or county) (State)
25/ N	AR 9	THE COLOR	25E NAME S	AL CO	25C, FUNERAL DIRECTOR		ADDRESS ST
1 56	or all he saw	THE PROPERTY OF	7	** # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1479 447 45 1 / /	Comment of the state of	263 & Loy Klein.

11 200 14 0	BALTIMORE CIT	Y HEALTH DEPARTMENT	71 2343
W-300 71 2	343 CERTIFICA	TE OF DEATH REG. NO.	
T. NAME OF DECEASED (WHITEFO	TEFORD	ITE) 2. DATE AND HOUR OF DEA	71 1 8 b m
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, I	f institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	RINSTITUTION, GIVE STREET	C. CITY OR TOWN D. 1	NSIDE CITY LIMITS?
Yunion Memorial Ha	spital	E. STREET AND NUMBER 221 RIPGEMED	YES X NO
5. SEX 6. RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un years	II Under 1 Yr., If Under 24 Hrs.
Male White wo	OWED DIVORCED	10-15-02 lost birthdoy	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, kind one during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Proprieto	r Tobacco Busi		american
13. FATHER'S NAME	/	14. MOTHER'S MAIDEN NAME	
XXXXXXXXX Jose	ph M.White	VXXXXXXXXXXVIXYJuli	a ELeanor Ford
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lif yes, give war or dales of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	212-16-3950 A	Mrs. Thelma wh	ite same
18. / 62. / 1	CAUSE OF DEAT	Ĥ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTL	Υ	Const - tosis	1 +
(This does not mean the mode of dving	(A) IMMEDIATE CAL	USE Carcinomotosis	/ movilu
heart failure, asthenia, etc. It means the d injury or complication which caused death	isease.	A CONSEQUENCE OF:	
ANTECEDENT CAUSES		Carren of the Our	
DISEASES OR CONDITIONS, if any,	atving DUE TO, OR AS	Cancer of the lun	
rise to the above cause (A) statin	g the		O .
CHEERING CONDITION (GSL	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBE	JTING		
☐ ITO THE DEATH BUT NOT RELATED TO THE TERM CONDITION GIVEN IN PART 1 (A)	MINAL		
19A-DATE OF OPERATION 19B CONDITION WAS PERFORME	FOR WHICH OPERATION	20A AUTOPSYT (Yes of No.) 20B, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined)	21 B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or obout 21 C. WHERE DID (II in Baltin	nore City, give exact location)
21D.TIME (Month) (Doy) (Yead (Hou OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this hospital) atte	TOOK - AT TOOK		15. la == 15.
that (1) (we) last saw the deceased all	A 1	19 7 and that in (my) (aur) c	
and have and from the causes stated ab	ave. (1) (We) (did) (did nat) v	lew the bady after death.	
23A. SIGNATURE	10		23 B. DATE SIGNED
Cohm C	DEGREE Phys	nding Med. Stoff No. Director Phys.	March 5, 71
23C. PHYSICIAN'S NAME (Typel		23D. ADDRESS	1 1/
24A. BURIAL CREMATION, 124B. DATE	DEGREE	Union Memoria	1 Itospital
REMOVAL (Specify)	24C. NAME of CEMETERY or CRE		(City, town, or county) (State)
Burial March 8.1971 25A. DATE REC'D BY HEALTH DEPT. 125B.	Druid Ridge (
IAR 9 1971 Pale E. Jak	AME OF REGISTRAR	HENRY SANDER & SONS. Beltimore Md.	INC. ADDRESS
VS 150-REV 1/1/68		The same of the sa	

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

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IMPORTANT DIRECTOR: FUNERAL

REG. NO	0. 71	2345	
AND HOUR OF DE	ATH		
3-7-7	1/	1 121,35 A.	м.
Where deceased lived	If institutions	residence before odmissi	on)
2		1601	
	. INSIDE CITY		
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is alter		-	
9. AGE IIn yedis	II Und	er 1 Yr. If Under 24 H Doys Hours Min.	Ire.
lost birthdayl	Months	Doys Hours Min.	
Toreign country	112, CI1	ZEN OF WHAT COUNT	FRY?
/		SA	
NAME	u.	7/1	
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		2 days.	
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eriosciera) 2 V	unknown.	
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es Tuber.	al osis	unknown	
/		CONCIDENCE	
No. 208, IF YES, W	CAUSES OF	DEATH?	- 1
(If In Bo	Itimore City, oh	re exoct location)	_
?			
INJURY OCCUR?			_
INJURY OCCURS			
19 <u></u>	3 -	7 19 2	4
that in (my) (our)	_opinian dea	th accurred an the do	te
h.			
	23 B, DA	TE SIGNED	
Shaff Phys.	3/	7/7/	
1 51	-	,	_
hatles St.	Bolt	: Md.	
LOCATION	(City, town,		
Baltimore		Maryland	
4		ADDRESS	
ERAL HOME	3035	W. NORTH A	VE.

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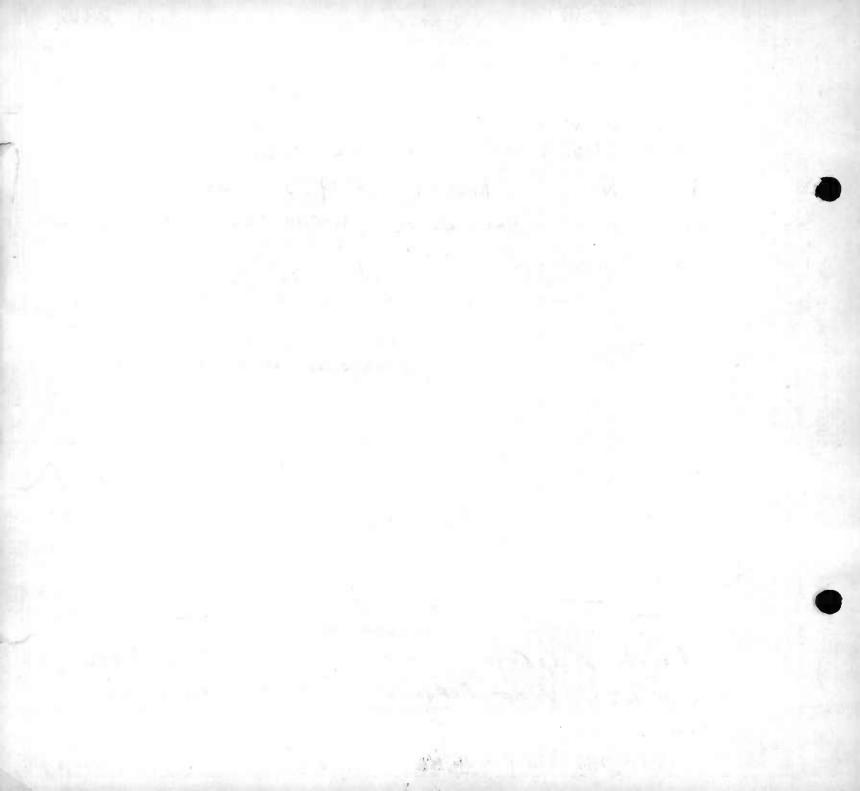
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DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV, 1/1/68

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ŀ	74 2	348	MED	ICAL	. E>	CAMINER'S			F DEAT	H	71	2248
BIR	TH NO. M	acon,	Geor	qua						REG. NO		- CO-20
	Archie		E 0.	IVY			2. DATE OF DEATH	Known A	Month Marc	h 6,197	Yeor	5:30 A. _{M.}
				HERE P	RONO	UNCED DEAD	3. DATE		Month	Day	Yeor	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS TION)	TITUTIC	ON, GIVE STREET	1000	UNCED DEAD	March	•	residence	5:30 A. M. before admission)
1	13 son	JTH BAL	TO. GE	NERAI	L HC	SPITAL	A STATE	Maryland		B. COUNTY	25	62
6. !	SEX	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	?
	Male	Negr	0	WIDOV	NED [DIVORCED [Ba1	timore		YE:	s 🔲	NO 🗌
9. [DATE OF BIRT	Н	10. AGE (Ir last birthda		Month	der 1 Yr. If Under 24 Hrs hs Doys Hours Min.		Reedbird	Avenue	20		
11.	BIRTHPLACE (State or foreig	n country)		_	ITIZEN OF	13. FATHER		11 V C II G C			
	Macon	Georgi	а		W	HAT COUNTRY?	Au	trey lvy				
14A	USUAL OCCU	PATION (Give	e kind of wark	148. KINI		SUSINESS OR INDUSTR						
don	e during most of v	vorking lile, ev	en if retired)				Ber	tha Hawk	ins			
	WAS DECEAS					17. SOCIAL	1B. INFOR		1110	AD	DRESS	
(Ye	s, na ar unknawn	(If yes, give v	vor ar dotes	of service)	SECURITY NO.	Autre	v Ivv 7	41 Reed!	oird Ba	lto.	Md. 21225
	19.	0-1	V			CAUSE OF DEA		, , ,			1	APPROXIMATE INTERVAL
	50	0 / /	ALL DIDE	CTIV		Brain	niurv				881	WEEN ONSET AND DEATH
	DISEAS	E OR COND LEADING TO		CILY								
	(This does r	ot mean the	mode of dy	ing, e.g.,		(A)IMMEDIATE DUE TO, OR	AS A CONSEC	UENCE OF:				
		nplicotian which										
		NITECEDENIT	CALISES			4-3						
		NTECEDENT OR CONDITIE		. GIVING	,	(B) DUE TO, OF	AS A CONSE	QUENCE OF:				500000000000000000000000000000000000000
	RISE TO TH	E ABOVE CAL	USE (A) STA	TING THE		hit in the						
징	OTTO ENETT					(c)						
CERTIFICATION	TO THE DE	HIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	AINAL				directivativa das das adames seus são são são são são são são discosivados são são			22 4 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
E I						WHICH OPERATION V	AS PERFORM	MED			21. AUT	OPSY? (Yes ar Na)
ឌ	2,											yes
¥	22A. EXTER	NAL CAUSE	WAS	-	22B. P	LACE OF INJURY(e.g.	, in ar about	22C. WHERE DI	D (If in Baltima	re City, give exoc	t locotion)
EDIC	UNDERLYING				home	, farm, foctory, street, off	-			2	56	2
ΣE	22D. TIME		oy) (Year	r) (Hau	r) 22	Home /	000	714 Reedb	INJURY OCC	Tiue		
	OF INJURY (APPROX.) 2	2-28-71	7:0	0 P.	m. W	HILE AT NO	LWHILE X	Apparent	ly fell	at home		
		rify that I h	eld an I	nguiry [Inspection A	utopsy 🗓	and that ar	this basis	death In my	nlnian	
						cident x Suici		omicide		ned manner	ń	
	resui	ted from: N		202	~	Claent LX Suici		CHIEF MEDICA		nea manner L	-1	
	ACTUAL	100	1 05) 11	0), , , ,		ISTANT MEDICA				DATE SIGNED
	SIGNAT		an	70,		M. M.	D,				2161	
	NAME (aries	S. Sp	rın	gate, M.D.	ASSO	OCIATE MEDICA	AL EXAMINER		3/6/	/1
	A. BURIAL CRE	MATION, 2	48. DATE		240	C. NAME of CEMETER	ar CREMAT	ORY 24	D. LOCATION		, ar caunt	(Stote)
		,	3-12-7	71	1	Macon, Georg	ia Ceme	•	Macon,	Georgia		
	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	VAME	OF REGISTRAR	25C.	FUNERAL DIRE	CTOR		DRESS	
		MAR 9	1971	163	es &	E. Faben M.D.				Balt	imore	e, Md. 2121
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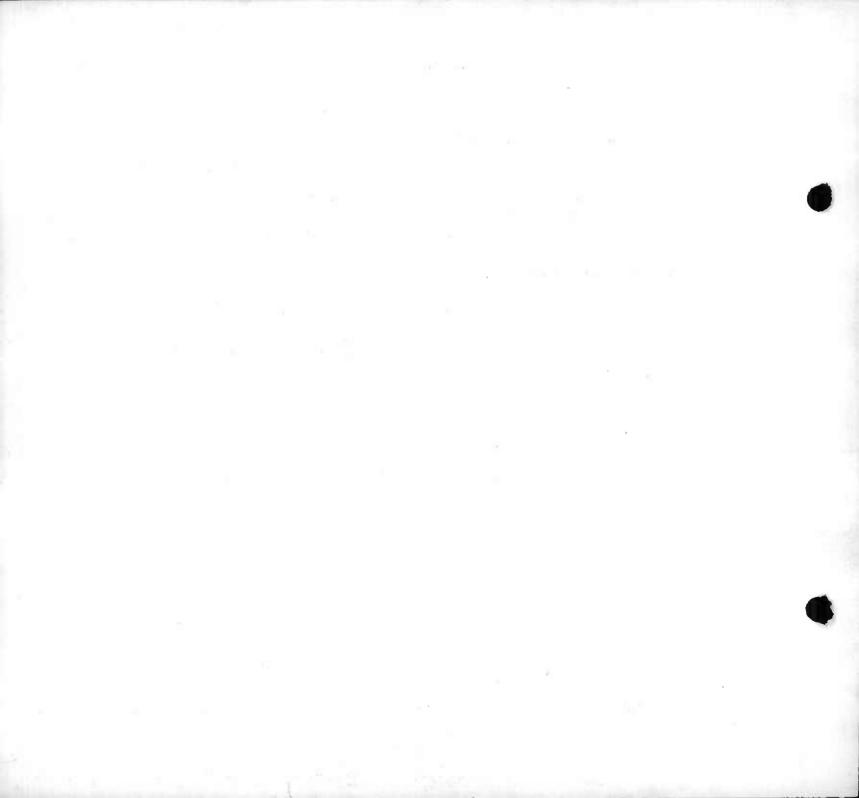
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25C. FUNERAL DIRECTOR 1701 Laurens St. Morton & Dyett F. H.

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	0 40		BALTIMORE CIT	HEALTH DEPARTMENT	The state of the party of the p	4 2350
BIRTH NO			CERTIFICA	TE OF DEATH	REG. NO.	2300
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3. PLACE	IN BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where d	eceased lived. If inst	litutian: residence befare odmi
FULL NA	ME OF IF NOT IN HOSE	PITAL OR INSTIT	UTION, GIVE STREET	wg.		1606
FULL NAME HOSPITAL	OR ADDRESS OR LO	CATIONI		C. CITY OR TOWN	D. INSID	E CITY LIMITS?
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13. FATHER	'S NAME		NELLIN	14. MOTHER'S MAIDEN NAME		U . S. 77 1
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4A. B11914	L CREMATION 1248 DATE	// /	OPH CIO DEGREE	LUTHERAN HE	MITAL 1	HARBURTON SA
REMO	L CREMATION, 248. DATE VAL (Specify)	24C, NA	ME OF CEMETERY OF CRE	MATORY 24D. LOCA	TION ICity.	tawn, or county). IStat
Bu	(18)	Hv.	bulus 101	em Da	- 1timer	e 11/1 d 214
5A. DATE	REC'D BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	11 -	ADDRESS
	MAR 9 1971 1	V.38.3	aben KA?	(MOZTON Q1).	Jett F.H	1701- Liture
150-REV	. 1/1/68				 	



1-1.4	2051		BALTIMORE CIT	HEALTH DEPARTMENT		1-7	4 0014
/1	2301		CERTIFICA	TE OF DEATH	REG.	NO	1 2351
BIRTH NO.	DECEASED	-			AND HOUR OF	DEATH	
Type or Printl .	Albert Deneal			2. 0 % 1.	3	-2-1	71
	ALTIMORE, MARYLAND, W	HERE PRONC	UNCED DEAD	4. USUAL RESIDENCE	Where deceased li-	ved. If insti	tution: residence before admission
			`	Maryland	DUNIY		1500
ULL NAME (OSPITAL OR NSTITUTION	ADDRESS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET	C. CITY OR TOWN	la Ca	D INSIDE	E CITY LIMITS?
	1732 Presstman	Street		Raltimore			VES NO
10	.,,,,			Baltimore E. STREET AND NUMBE	R		
		5.711 6		1732 Presst	man Stree	t	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye		If Under 1 Yr. If Under 24 Hr. Months: Doys Hours Min.
М	C	WIDOWED	DIVORCED	July 27, 1914	+ 56		1
A. USUAL O	CCUPATION (Give kind of work	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)		12. CITIZEN OF WHAT COUNTE
ne during most	of working life, even if retired)	N,	/A	Unknown			U. S. A.
FATHER'S	NAME		•	14. MOTHER'S MAIDEN	NAME		
	No service						
Was Decen	Jnknown sed Ever in U. S. Armed For	ces?	1 6. SOCIAL	Unknown			22MADA I II
es, no or unkno	(If yes, give wor or dote	s of service)	SECURITY NO.	A STATE OF THE STA	1.0		, Md. AD 2 12 17
				Mrs. Josephin	ne White	1732	Presstman St
1B. 4	12 XI		CAUSE OF DEAT	TH .			BETWEEN ONSET AND DEAT
DIS	EASE OR CONDITION DI	RECTLY		1 10			
	LEADING TO DEATH		(A) IMMEDIATE CA	use Anohable (Paul M	100	
	s not mean the mode of		DUE TO OR AS	A CONSEQUENCE OF:	comme !	1	
	re, osthenio, etc. It meons complication which coused			pulmonar	1 sm 601	NS	
				+ 00	1 ,		1.
	ANTECEDENT CAUSES		(B) ESSEL	had there	lenseus		Unknown
	OR CONDITIONS, if the above cause (A)			A CONSEQUENCE OF:			
	ING CONDITION lost.	storing the		nary emp	rysema		UNKHOWN
	II			1	A		
OTHER SIG	NIFICANT CONDITIONS CO	NTRIBUTING	-1	. 0	00.		
I IO THE DI	EATH BUT NOT RELATED TO T		Ch	some alco	rousin		
	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o	Nol 208. IF YES	WERE FIN	IDINGS CONSIDERED
0	WAS PER	FORMED		No	IN CERTIFY	NG CAUS	ES OF DEATH?
21A. ACCI	DENT WAS UNDERLYING			in or obout 21 C. WHERE DI		Boltimore (City, give exoct locotion)
	otify medical examiner	etc		mee diags, little of CO			
21 D. TIME	(Month) (Doy) (Year)	(Hour) 211	E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
OF INJURY			hile At Not Whi				
(APPROX.)		W	ork At Work				
22. I cert	ify that (1) (this haspital) ottended	the deceased fram Ta	28	19to_		19
	tast sow the decease				that in (my)	- Ini	an death accurred on the da
23A. SIGNA	and fram the causes sta	red above.	(i) (ne) (md) (did not)	view the bady offer dea	Th.	1-	38, DATE SIGNED
23M. 310NA	0	12-1	Au	ending Med.	Short ret	2	2 - 7 71
- 6	xyhue V.1	NE 5/5	DEGREE Phy		Phys.		0-1-11
23C. PHYSI	CIAN'S Lynne I	· ME	fe, m.D.	6008 E.	Pratt S	4. 11	Balto, md.
AA. BURIAL C	REMATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 241	LOCATION	(City,	town, or county) (State)
	L (Specify)	0-	lainama Nation	al Comptens	Do 1 + !	. Ma:	uland
Burial	3-8-71		Itimore Nation	125C. FUNERAL DIREC	Baltimore	e, mar	yland
M. DATE KE	1 1 40 94				-		ADDRESS 21217
1111	711 0 13/1 6	Feel &	ander the	Morton & D	yett Fune	ral Ho	
'S 150-REV. 1	/1/6B		n - nk				۷,

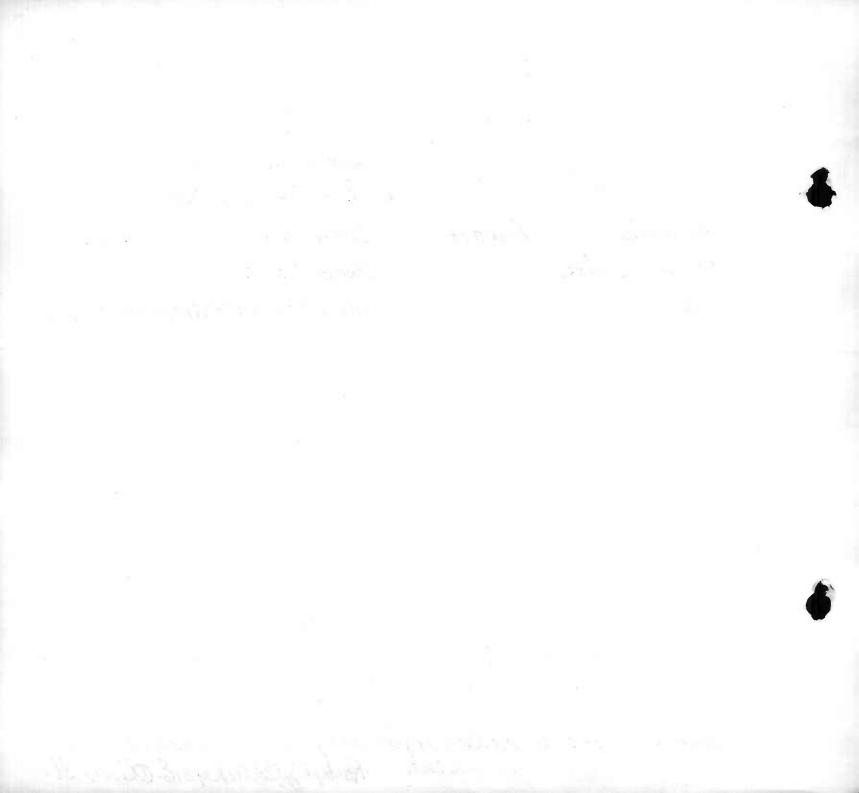
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VS 150-REV- 1/1/68

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DIRECTOR:

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VS 150-REV. 1/1/68



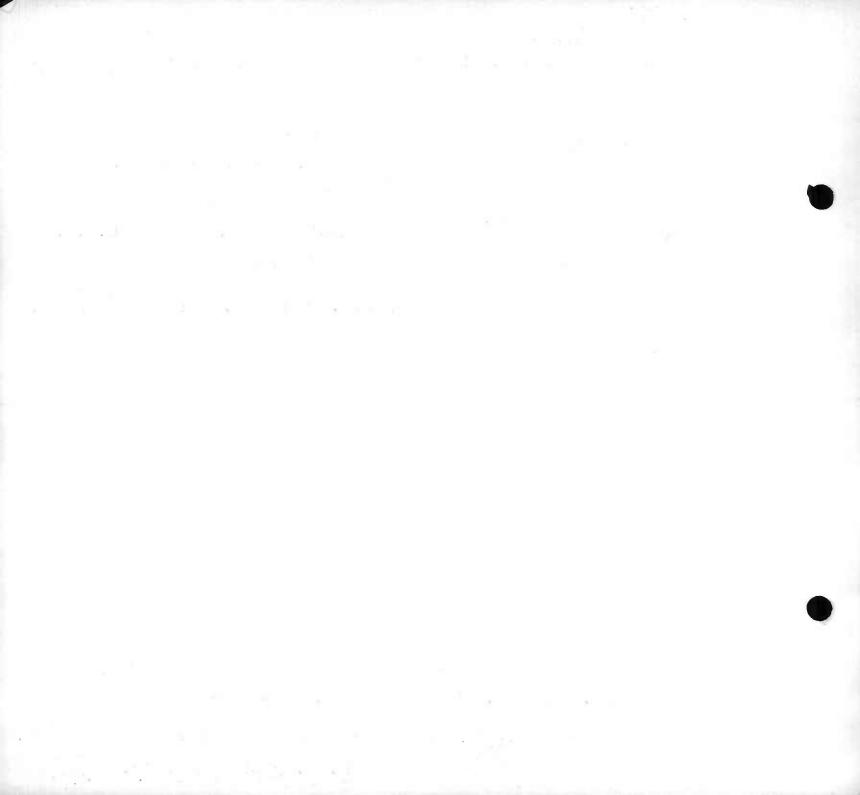
1/11/2	BALTIMORE CITY	HEALTH DEPARTMENT		71 2255
71 2	355 CERTIFICA	TE OF DEATH	REG. NO.	71 2300
BIRTH NO. 1. NAME OF DECEASED		2 DATE AND	HOUR OF DEATH	
Type or Print) ROSQIVA	R. Hopps	er 3-	7 - 71	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	A. STATE B. COUNTY	deceased lived. If instit	utiant residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md.		1513
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN,	D. INSIDE	CITY LIMITS?
00		Balto.	Y	ES NO
11 - 1 11	. 20	E. STREET AND NUMBER	20 10 1	1 1- 0
4052 ParKIt	eights Hre	4031	Park H	eights Ave.
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED		AGE (In years I birthdoy)	Under 1 Yr. If Under 24 Hrs.
1-, Neggo wido	WED DIVORCED	1-24-49	22	
IOA. USUAL OCCUPATION (Gife kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlate or foreign	country)	2. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)		5.0001	iwa.	11. S.A
13 FATHER'S NAME		14 MOTHER'S MAIDEN NAME	111	V() 0/17 ·
0 1 1	1	IV / 1 / .	11	
Grady Tearsi	N	1/2/1/e	176PP	-
5. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (Il yes, give war or dates of ser	ice) SECURITY NO.	17. INFORMANT	1/	ADDRESS
No	SEGULIT NO.	Nollie H.	pnon 41	152 Park Heidt
118.	CAUSE OF DEAT	H	PPCI	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	1300.	ton. 7	1 0.	BETWEEN ONSET AND DEATH
LEADING TO DEATH	Care	noma lous	my s	
iThis does not mean the mode of dying,	e.g. (A) MMEDIATE CAL	A CONSEQUENCE OF:	A	
heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	ease,	pleves		
	214	1	1. +	20 mon the
ANTECEDENT CAUSES	(B) alleno	carcinoma o	1 Siomaci	2011101019
DISEASES OR CONDITIONS, if any, a		A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.	(c)			
	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
TO THE DEATH BUT NOT RELATED TO THE TERMI	NAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	304 AUTOPSYZ (Yes or No)	208, IF YES, WERE FIN	DINGS CONSIDERED
는 이기 ICIC WAS PERPORMED	2103	age ~	IN CERTIFYING CAUSE	S OF DEATH?
U 21A ACCIDENT WAS UNDERLYING	()	n or about 21 C. WHERE DID	(if In Baltimore C	ilty, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	home, farm, factory, street o	ffice bidg. INJURY OCCUR?	, o o mileto	
U				
21D-TIME (Month) (Day) (Year) (Hour)		21% HOW DID INJUR	A OCCUIS	
Z IAPPROX)	While At Work At Work		-1	
22. I certify that (1) (this hospital) atten-	ded the deceased from	11/11/11/19	6900 Ma	107/
that (i) (we) last sow the deceased alive			in(my) (out) objuic	n death accurred on the date
ond hour and fram the causes stated abo	ve. (i) (Welldid) (did not) 1	view the body after death.		
23A. SIGNATURE			23	R. DATE SIGNED /
Lay & hobe	MO AHN	ending Med. Si	ar-	3/9/71
Laux hobe	DE GREE "			3/9/7/
Zay 2 20 be	DE GREE "		ar-	3/9/71 3,040 Mo
23C/PHYSICIAN'S NAME (Type) CARY L. 1	DEGREE MO	23D. ADDRESS	lop. E	3/9/71 Falto Mo
23C/PHYSICIAN'S NAME (Type) CARY L. 1	DEGREE MO	23D. ADDRESS	JOP . E	3/9/7/ Baldo Mo town, or county) (State)
23C/PHYSICIAN'S NAME (Type) ARY 24A, BURIAL CREMATION, 124B, DATE 12	DEGREE MO	23D. ADDRESS	lop. E	3/9/71 Falto Mo
23G/PHYSICIAN'S NAME (Type) ARY 24A, BURIAL CREMATION, 124B, DATE 12	DEGREE 1 MO DEGREE 4C. NAME OF CEMETERY OF CR	23D. ADDRESS	West Arion Icity.	3/9/71 Falto Mo
23CiPhysician's NAME (Type) ARY 24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify) 3-11-71	DEGREE 1 MO DEGREE 4C. NAME OF CEMETERY OF CR	EMATORY 24D. LOC N CRM WE	West Arion Icity.	3/9/7/ Reldo Mo town, or county) (State)



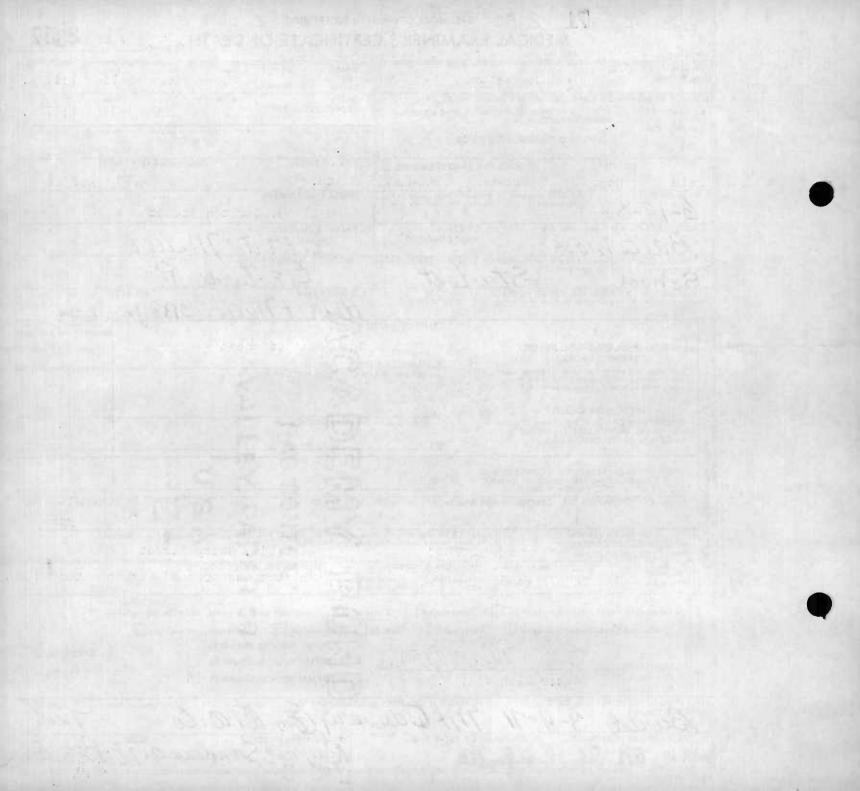
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DIRECTOR:

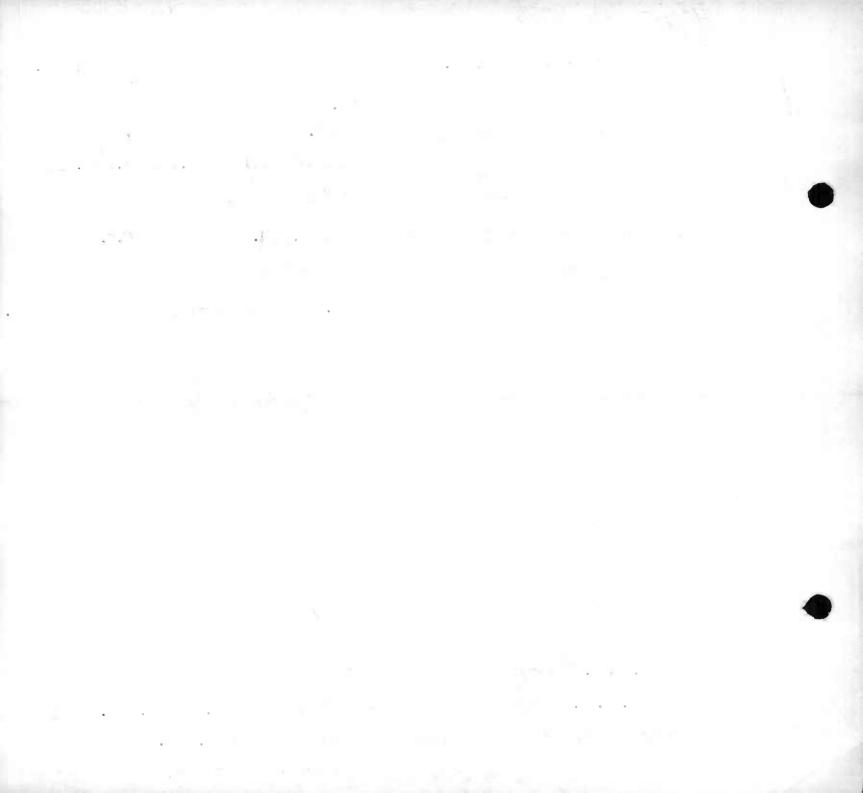
FUNERAL



VS 151-REV. 1/1/68



VS 150-REV. 1/1/68



NO

Hours

ADDRESS

If Under 24 His.

USA

SETWEEN ONSET AND DEATH

6 mos.

balto. Md.

Days

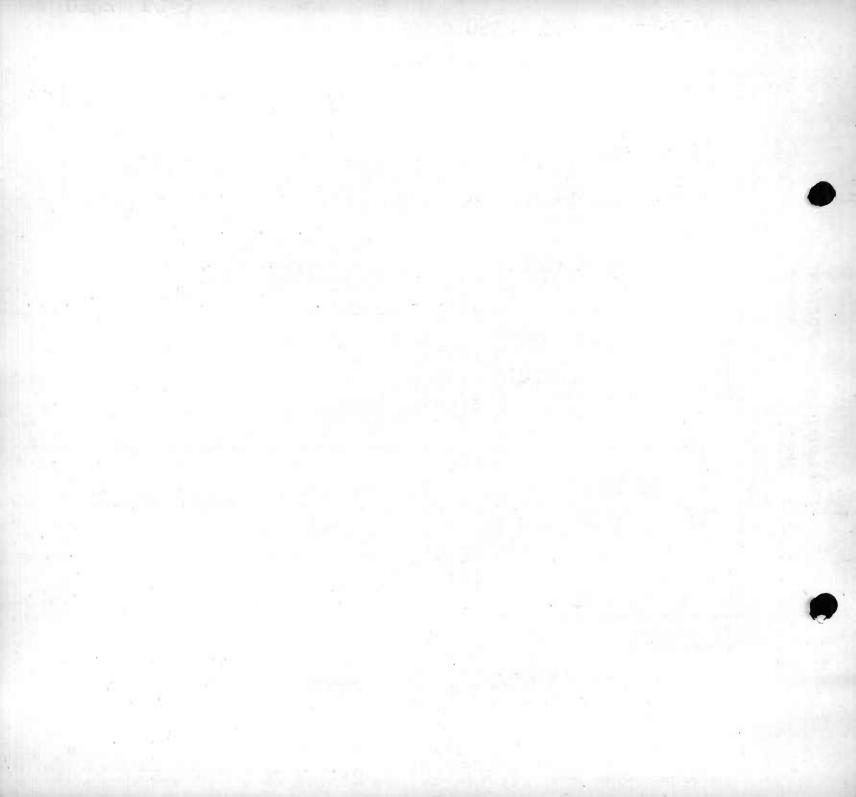
IMPORTANT DIRECTOR: FUNERAL

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VS 150-REV. 1/1/68



	V = 20			BALTIMORE CITY	HEALTH DEP	ARTMENT		/1	2360	
1	1-332	- 71	236	O CERTIFICA	TE OF D	EATH	X REG. NO			
	IRTH NO.	ASED. /					D HOUR OF DEATH		15	
	ype or Print)	KNETTE	R 1	ATHE GALE	F.	3/	7/71		12	4
3	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD		IDENCE (When	e deceased lived. If i	nstitution: re:	sidence before	odmission)
					A. STATE	B. COUN	RAITH	05	00	- 211
F	ULL NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TO	MAL	1274/M	DEC	(e),	1000
	NOTITUTION				C. CHI OK IO	6	nILL	YES YES	NO 🗆	
1	X100/10	26 (7)	177	11 000	E. STREET AN	D NUMBER	1 1	1123	140	
1	LINCON LIN	MIC OUNCE	116 1	JOSPITAL	GIN	RITTE	25 LAN	E		
5,	SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BI	RIPHAL	9. AGE (In years	If Under	1 Yr. , If Unde	er 24 Hrs.
	-	W	WIDOWED.	7	5/3	196	lost birthdoyl	Months	Doys Hours	Min.
				BOSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or forei	gn country)	12. CITIZ	EN OF WHAT	COUNTRY?
d		rorking life, even if retired)			Ralto	. Co.	MA		USA	
	Housewi				14. MOTHER'S				UDA	
			1		14. MOTHER 3					
		iam W. Fra					ce V. Gir			77
0	es, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN	Т			ADDRESS	
	No			218-05-0477	Miss.	Margar	et A. Fra	ink E	Balto.	Md.
	18. / -)	4 XI		CAUSE OF DEATH	1			1.	APPROXIMATE II	
		OR CONDITION DI	RECTLY	META ST	ATIL	ARI sall	MA OF 1		27	IND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAU	SE		1 01 1	MAST	1290	m
		ol meon the mode of osthenia, etc. II meons			CONSEQUENC	E OF:				
	injury or com	plication which coused	deoth.)							
5	A	NTECEDENT CAUSES		(B)	1					
		R CONDITIONS, if		DUE TO, OR AS	A CONSEQUEN	CE OF:				
		obave cause (A) CONDITION last.	sloling ine	(c)						
		- 11	100							
	OTHER SIGNIFI	CANTCONDITIONS CO	NTRIBUTING							
		BUT NOT RELATED TO TO MODITION GIVEN IN PAR	T 1 (A).		***************************************					
	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOP	SY? (Yes or No	IN CERTIFYING CA	FINDINGS AUSES OF D	CONSIDERED EATH?	
		T WAS UNIDERLYING	7 1016		1 10101					
	OP CONTRIBIL	T WAS UNDERLYING TING CAUSE OF	hon	PLACE OF INJURY le.g., in ne, form, foctory, street, of	fice bldg., INJUI	Y OCCUR?	(If In Baltima	re City, glve	exoct location)	
3 (2	medical examiner	etc.	,1						
B 6	21 D. TIME OF INJURY	(Month) (Doy) (Year)		. INJURY OCCURRED		IOM DID INJ	URY OCCUR?			
	(A PPROX.)		Wh	rk Not While				_/		
	22. I certify	that (1) (this hospital) ottended t	he deceased from	12/15	1	19 Za to	3/7	19	71
3		last saw the deceose		3/7/	19		of In ((our) op	inion deat		•
	,			l) (Wa) (did) (did wor) v		•	o. ((), (, op		/	1110 0010
	23A. SIGNATU		A.	A AAA	lew the body	offer deoffi.		238. DATE	SIGNED	
	1	24/ /2. 7	The		nding	Med.	Shaff V	3/	7/7/	
;	23C. PHYSICIAI	The Centre	5/1 yans	DEGREE Phys	3D. ADDRESS	Director L	Phys	11	11-1	
	NA ME (Ty	P			lad - /	- 1-	/			
	1705	EPH KENNE	TH MA	USIAL, JR. DEGREE	MONT	Petilo	STATE HO.	SPITAL		
2	AA. BURIAL CREA	MATION, 24B. DATE	24C. N	AME of CEMETERY or CRE	MATORY	24D. LO	OCATION (C	ity, town, or	county)	(Stote)
	Buria		9,197	1 Woodlawn	Cemeter	cy	Baltimore	e, Md.		
2		BY HEALTH DEPT.	258 NAME	OF REGISTRAR	2SC. FUNER	AL DIRECTOR			ADDRESS	112
	MAR 10	19/1 Vistoria &	, Mandee	1640 O	JoF	Eline	e & Sons	Reiste	erstown	, Ma.
1		D			40	-				



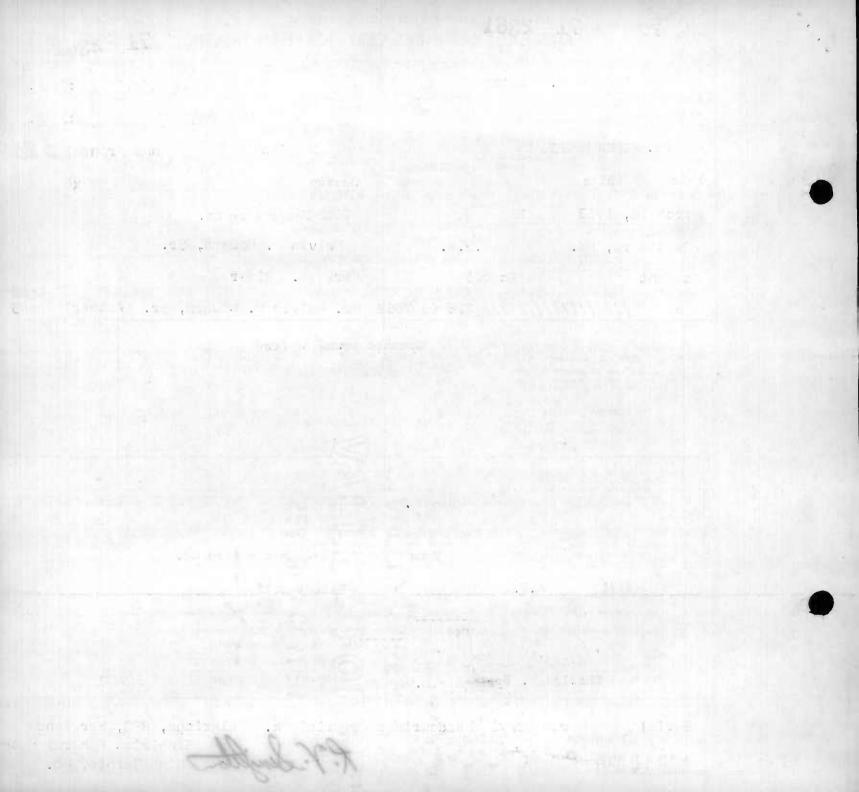
H-630 71	236 DICAL	BALTIMORE CITY HE			X DEATH	REG. NO.Z	1 23	61
BIRTH NO. 1. NAME OF DECEASED	-		2. DATE	Known 🛣	Month	Doy	Yeor Hou	
(Type or Print) THOMAS C.	HOWAT	RD	OF DEATH	Estimoted		rch 6.19	971 2	:50 A M.
4. PLACE IN BALTIMORE, MARYLAND,	WHERE PRO	ONOUNCED DEAD	3. DATE		Month	Doy	Year Hou	
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL ADDRESS OR LOCAL OR INSTITUTION	AL OR INSTI	TUTION, GIVE STREET		IDENCE (When	March 6			:50 A .M.
40 ST. AGNES HOSPIT	AL		A. STATE	Maryland		COUNTY	Arunda	152
6. SEX 7. RACE	8. MARRI	ED NEVER MARRIED	C. CITY OR T	NWC	[. INSIDE CITY	LIMITS?	
Male White	WIDOW	ED DIVORCED	Jessu	p		YES	□ NO 5	
9. DATE OF BIRTH 10. AGE (lve	If Under 1 Yr. If Under 24 Hrs. Months 1 Doys 1 Hours 1 Min.						
March 18, 1953	17				ideo Ct.			
11. BIRTHPLACE (Stote or foreign country) Baltimore, Md.		2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S		Howard,	Sr.		
14A USUAL OCCUPATION (Give kind of world	14B. KIND		15. MOTHER	MAIDEN NA	AME			
done during most of working life, even if retired)	Scl	hool	Mary	A. Ri	der			
16. WAS DECEASED EVER IN U.S. ARME	D FORCES	? 17. SOCIAL	18. INFORMA				ORESS	San
(Yes, no or unknown) (If yes, give war or dates	17/17	// 216 60 7062	Mr. M	elvin F	. Howar	d, Sr.		
19.		CAUSE OF DEA	TH					NATE INTERVAL
DISEASE OR CONDITION DIR	ECTLY	Gunsh	ot wound	of head	d			
LEADING TO DEATH		(A)IMMEDIATE	CAUSE					
(This does not meon the mode of d heart failure, asthenia, etc. It means th injury or complication which coused do	e diseose,	DUE TO, OR	AS A CONSEQU	ENCE OF:				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	IY, GIVING ATING THE	(B) DUE TO, OR	AS A CONSEQU	JENCE OF:				
2								
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 2008. CO	O THE TERM	ING NAL				as as as a direct and as		
20A. DATE OF OPERATION 20B. CO	NOITION	FOR WHICH OPERATION W	AS PERFORME	D			21. AUTOPSY?	(Yes or No)
1.10							no	
¥ 22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.		22B. PLACE OF INJURY(e.g., home, form, foctory, street, offi Home	ce bldg., etc.) IN.	482 Mont	tevideo (Ct.	locotion) 2	00:-
DF INJURY			T WHILE S		NJURY OCCUR	?		
23.					this basis, d	eath in my a	minion	
	Inquiry L		utopsy 📙			_	1	
resulted fram: Natural co	n ses	Acqident Suici		nicide 📙 HIEF MEDICAL		ed monner L		
ACTUAL (lear)	2)	Quinget		TANT MEDICAL		ā	DAT	E SIGNED
SIGNATURE EXAMINER'S Charles NAME (Type)	S. S	Pringate, M.D.	D,	CIATE MEDICAL] :	3/6/71	
24A. BURIAL CREMATION, REMOVAL (Specify)		24C. NAME of CEMETERY	or CREMATO	240	D. LOCATION	(City, town,	or county)	(Stote)

March 10/71 Meadowridge Memorial Pk. E DEPT. 258. NAME OF REGISTRAR 255 FUNERAL DIRECTOR

Burial

VS 151-REV. 1/1/68

Elkridge, RFD, Maryland
Single Maryland Home



SFRINGATE

ACE HAS BEEN RELEASED AS NON MED BY DR FUNERAL DIRECTOR: IMPORTANT ERT WALLACE THE

BODY OF

1	1.7 m	4			MENT		
1	11-420	71	2362	CEDTIEIC	ATE OF DEATH	REG. NO.	71 2262
BIR	TH NO.	.1 .1.	200.0	CERTIFICA	ALE OF DEATH		-003
	NAME OF DEC	EASED			2. DATE	AND HOUR OF DEATH	4
(Ty	pe or Printl	hi/az 1a	PF.	NEDRFOT	(-	2/6/71	1 12 50 10
3	PLACE IN BALL	TIMORE MARYLAND	WHERE PRON		U. IIIII BESIDENCE (W) 0 1 1 1	institution: residence before admission)
3.	TEACE III PAL	IIMORE MARIEARD	, WHERE PRON	OUNCED DEAD	A. STATE B. CO	UNTY	institution; residence before admission)
F11	LL NAME OF	UF NOT IN HOS	TOUR OF INTE	TUTION, GIVE STREET	MADVI	11/0	11111. 7710
HC	STITUTION	ADDRESS OR LO	CATION	HOHON, GIVE SIREE!	C. CITY OR TOWN	701	0100 1211
104	SIITUTION				C.CITOKIOWN /	D. IN	SIDE CITY LIMITS?
1	Torons	nov h	VE NO.	SPITAL	BHILSDO	RV	YES NO NO
-	SVIA	NUTRI	, , ,	3. 7.12	E. STREET AND NUMBER	-1 1	
	13AL +	moro-	Md	2/205	215 6	-lens A	Vt
5. 5	SEX	6. RACE	7. ALADRIC	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
E	MIDLE	Course			18/1/1/13	lost birthday	Months Days Hours Min.
		Caucasian			06/14/13	5/	
				OF BUSINESS OR INDUSTR	T 11. BIRTHPLA CE (State or le	oreign country)	12. CITIZEN OF WHAT COUNTRY
4		working life, even if refire	1		Kankus	6	1150
1	EPRESAN			USURANCE	NENTOCI	(4	0.27
13.	FATHER'S NAM	AE ,	. 1	,	14. MOTHER'S MAIDEN N	AMÉ	
	111.1	11.00	11/12/	Ma-	10014	Hower	7
16	W 5011	Ever in U. S. Armed	21/11	HIE	-,	LLOWEL	LION
(Yes	s,ng or unknown)	(If yes, give wor at	oles of service	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	156	(11111)	51	402-18-3320	Moe I want	11.1.1/11	5 6-
-	18, //	www.		CAUSE OF DEA	111191100	HIVALLACE	APPROXIMATE INTERVAL
	70	OX				C. 001115	BETWEEN ONSET AND DEATH
		E OR CONDITION		Mas = 11	- PULMONARY	EMBOLUS	
	the same and the same and the	LEADING TO DEAT		(A)IMMEDIATE CA	USE		
		ot mean the mode asthenia, etc. It med			A CONSEQUENCE OF:		
	injury or com	plication which caus	-1 1-4 1	4			
			sed deam.)				
		ANTECEDENT CAUS	SES	(8)			
	DISEASES O	ANTECEDENT CAUS	SES if any, givin	g (B) DUE TO, OR A	S A CONSEQUENCE OF:		
	DISEASES O	R CONDITIONS, above cause (SES if any, givin	•	S A CONSEQUENCE OF:	***************************************	
	DISEASES O	ANTECEDENT CAUS	SES if any, givin	(6) DUE 10, OR A	S A CONSEQUENCE OF:		
~	DISEASES O	R CONDITIONS, above cause (SES if any, givin	(c)			
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I.NAME OF DE	CHAR	LESEF	Amunise	C		AND HOUR OF DEATH	1 \2 30 P
3. PLACE IN BA			PRONOUNCED DEAD	7.	4. USUAL RESIDENCE	There deceased lived. If in	nstitution: residence before admission
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT ADDRESS	IN HOSPITAL O	R INSTITUTION, GIVE S	STREET	1.	ACD.	IDE CITY LIMITS?
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b,	0			DRCED 🔲	15-50-13	57	
done during most o	CUPATION (Give of working life, eve TIRED	kind of work 10B. n if settred blice	Salta	Cally	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNT
13. FATHER'S NA				- 1	4. MOTHER'S MAIDEN	NAME	
15. Was Decease	ed Ever in U. S.	Armed Forces?	1 6. SOCIAL		17. INFORMANT		ADDRESS
(Yes, no or unknow	vn) (If yes, give	wor ar dotes of s	SECURITY STECURITY	6937	500 -	Charles Fe	20 2
18. 7 9	601		CAUSE	OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND GEA
DISE	ASE OR COND		.Y				BETAKEN ONSET AND DEV
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OF INJURY	(Month) (Da	y) (Year) (Ha	While At	URRED Not While		INJURY OCCUR?	
(APPROX.)			Work L	At Work			
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NAME (REMATION, 24B.	DATE	900			LOCATION CI	ty, town, ar county) (State)
DA BURIAL CR	EMATION, 24B. (Specify)	16/71	Hen		MATORY 24D	Islen Bu	rue ma
AA BURIAL CR	REMATION, 24B. (Specify) B BY HEALTH E	16/71	900			Islen Bu	ma

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ADDRESS

Hours Min.

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

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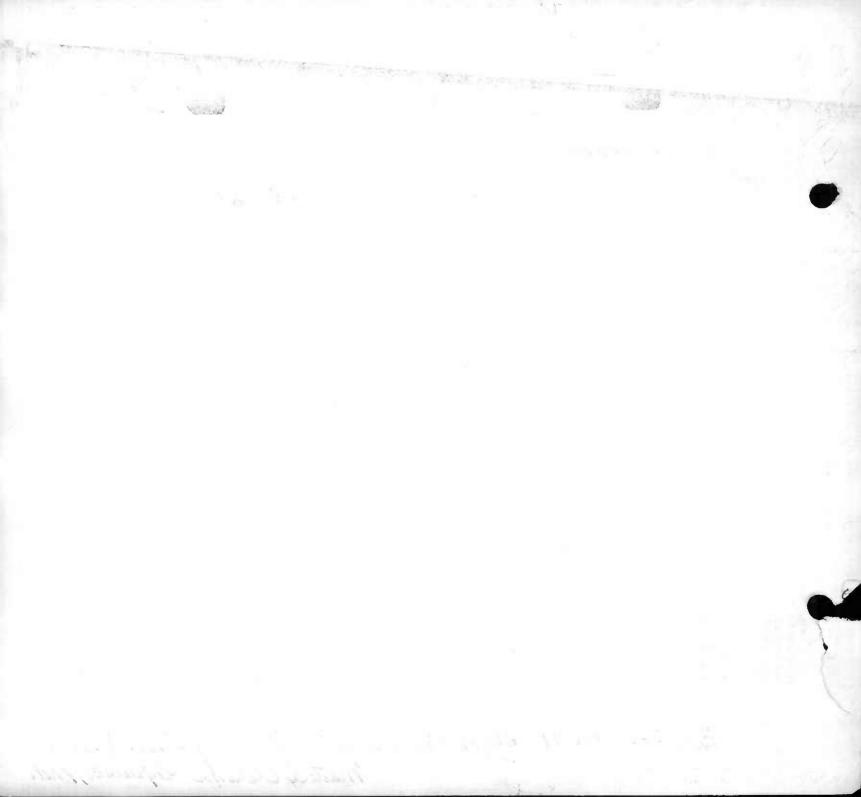
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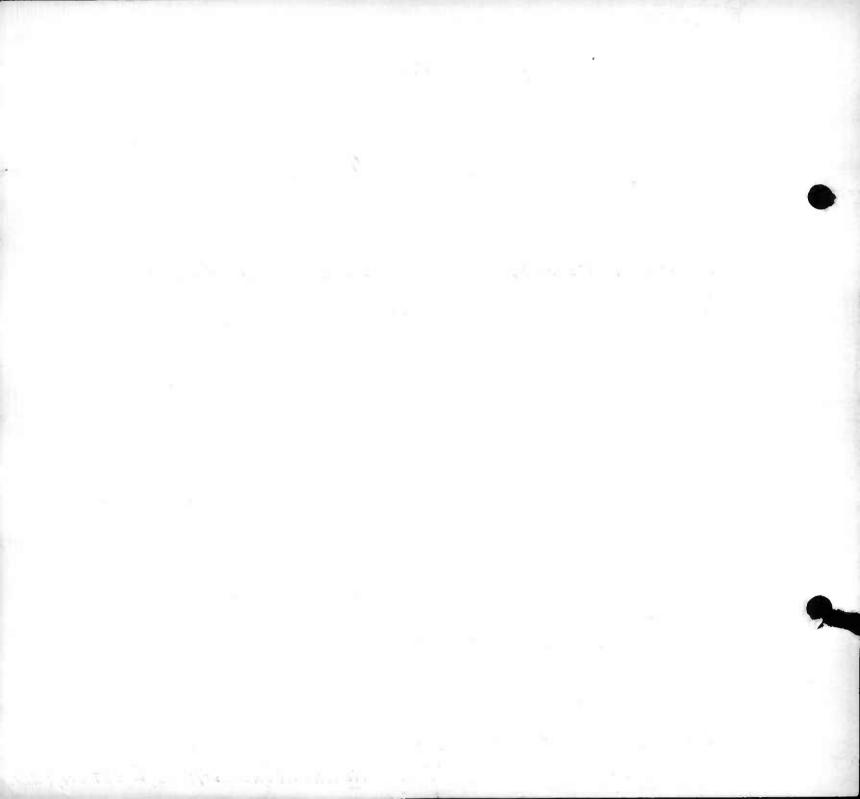
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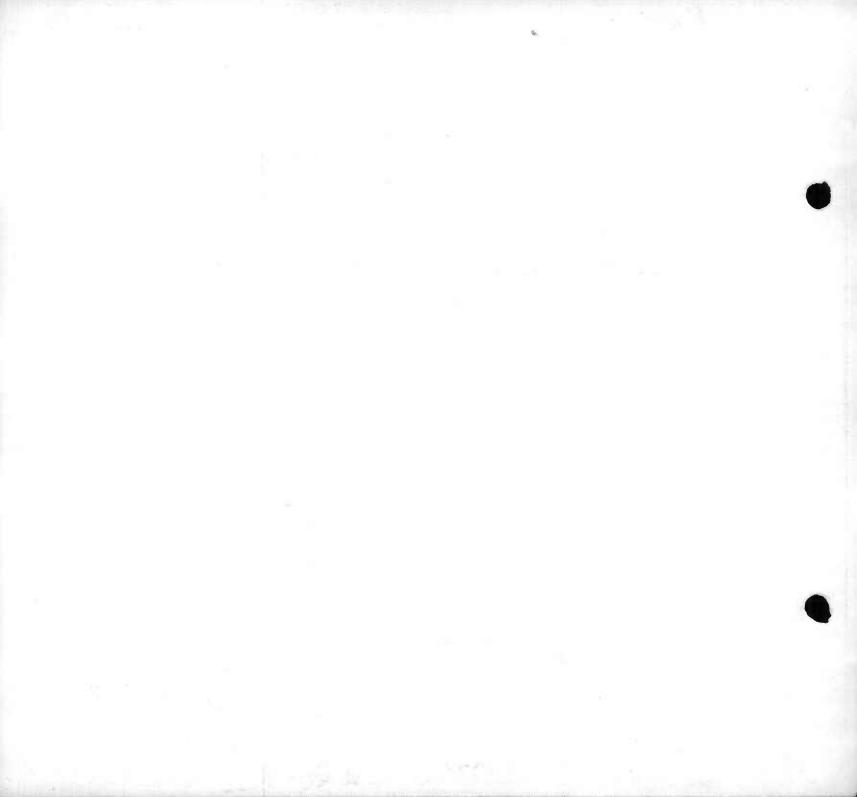


1-52/1		HEALTH DEPARTMENT		
віятн но. 71 2366	CERTIFICA	TE OF DEATH	REG. NO	71 2366
1. NAME OF DECEASED (Type or Pant) CORNELIA D	ENNIS	2. DATE	2 71	1/11/2 001
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	JNCED DEAD	A. USUAL RESIDENCE UNI	here deceased lived. Il inst	itution: residence below admissia
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JTION, GIVE STREET	Md		301
CHURCH HONE + HOS		BALTIMOR	A. T.	E CITY LIMITS? YES NO NO
35 100 N. BRONDARY, B		E. STREET AND NUMBER	RING CT.	
	NEVER MARRIED	8. DATE OF BIRTH	9. AGF (In years	Il Under 1 Yr. Il Under 24 Hrs Manths: Days Hours : Min.
/Y WIDOWED		11. BIRTHPLACE (State or for	67	
done during most of working life, even if retired)	0	MARY CA		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.		
WITHIAM DYSON		FANNIE B	ROUN	
15. Was Decoesed Ever in U. S. Armed Farces? (Yes, no or unknawn) (If yes, give war ar dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	292 123425			
18. 4/0, 4-153 83	CAUSE OF DEATH	•	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	MC MC	10CKR disi	INFARCTION	1 HOUR
(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease.)	DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar complication which caused death.)	3 3	,		2
ANTECEDENT CAUSES		nos clero nc	constray	DNAME ?
DISEASES OR CONDITIONS, il ony, giving	150	A CONSEQUENCE OF:		
UNDERLYING CONDITION last,	7 %(c)	7		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINOL DISEASE OR CONDITION GIVEN IN PART 1 (A)	Baren-Co	CE CLEM FI	DR CA OF	Daring.
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	I			OUTER TWN
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. A CUIDENT WAS UNDERLYING 1	CECUM	20A. AUTOPSY? (Yes or h	IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
On CONTRACTOR OF THE CONTRACTO		a obout 21 C. WHERE DID	(If In Baltimare C	City, give exoct lacation)
DEATH (notify medical exominer) MGU. NOT ALL	, rarm, roctory, street, all	nce pidg, INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX) While Work	e At Not While	· 🗆 📗		
22. I certify that (1) (this haspital) attended the		2/15/71	19ta3/2	2/7/
that (1) (we) last sow the deceased alive on	3/2/71	19and t	hot In(my) (our) opinio	an death occurred an the dot
and hour and from the causes stated above. (1)	(We) (dld) (dld nat) vi	lew the body ofter death.		
23A. SIGN AT URE	MAD. Ather	nding A Med.		BE DATE SIGNED
23 C. PHYSICIAN'S	OEGREE Phys.	. Director	Staff Phys.	3/2/7/
RICHROO M. TUAS		3D. ADDRESS / 0 0 17 2	201 1 1 11/100	BALTIMOINE N
24A. BURIAL CREMATION, 24B. DATE 124C. NA	ME of CEMETERY OF CRE	7 07		7/77
BEMOVAL (Specily)	0.1 1 1	and of my	1 d	town, ar county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME-OF	en com. C.	25C. FUNERAL DIRECTO	ewwiry -CI	ADDRESS
MAR 10 1977 O.S. & S. NAME OF	Sey M.D. 10 0	Mastoll M	Delams Le	quasco, Md.
150-REV. 1/1/68		_ January C	- Culling	



5-536 71 2		Y HEALTH DEPARTMENT ATE OF DEATH REG. NO.	74 2067
BIRTH NO.	CERTIFICA	AL OF DEATH	
(Type or Print) SANDER,	HEZEN VIRGI	2. DATE AND HOUR OF DEAT	1 1 3.50 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE I	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
HINSHIUDON	INSTITUTION, GIVE STREET	M.D. Talbot	7029
138 UNIVERSITY OF	MARYLAND	EASTON	YES NO
HOSPITA	z. /	\$709, GOLDS BORD St.	
WIDO WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In yours last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KI done during most of working life, even if refired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
EDWARD PLUGG	=	and the second s	
15. Was Decoased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give war or doles of Se	16. SOCIAL	ELIZABETH GAZ	ADDRESS
I/V2	11 D96 hr Groo	1 1 1 1 1 1	(HUBARD) AS ABOVE
18. /4 0 1 4 3 3	AUSE OF DEAT	н	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTISE	KAN EXAM		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL		OUT 30 MINS
(This does not mean the mode of dyna- heart failure, osthenia, etc. Il means the di injury or complication which caused does.	DUE TO, OR AS	A CONSEQUENCE OF:	
ANTECEDENT CAUSES		A. (A)	
DISEASES OR CONDITIONS, if and	D 500	RCINOMA OF (R) TONSIL.	UNUNEWN
nse la lhe obave cause (A) stalima	the First	/	0
UNDERLYING CONDITION lost.		NC ALCOHOLISM.	Loyes.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 TAIL.	ING IS		
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical exomined)	218 PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or obout 21 C. WHERE DID (If In Boltimo	ore City, give exect location)
OF INJURY (Month) (Doy) (Year) (Hous)		21F. HOW DID INJURY OCCUR?	
(APPROXI	While At Work Not While At Work		
22. I certify that (I) (this hospital) attend		3 - 5 19 7/ to	3-6 19//
that (1) (we) lost sow the deceased olive	on3-6	71	Inlan death occurred on the date
ond hour and from the gauses stated abou		The state of the s	death occurred on the date
23A. SIGNATURE			238. DATE SIGNED
1.11. 1/alle	Atter Phys.	Med. Staff Phys.	3-6-71
23C. PHYSICIAN'S NAME (Type) TOHN H. M		UNIVERSITY HOSPIT	THE.
24A. BURIAL CREMATION, 24B. DATE 24	IC. NAME OF CEMETERY OF CRE		ity, town, or county) (Stote)
	SPRING HIL	1	Man
25A. DATE REC'D BY HEALTH DEPT! 25B. NA	ME OF REGISTRAR	L ASTON,	ADDRESS
MAR 1 0 1971 ReBert E. Ja	wer to a	WEWNAM FUNERALHON	E, EASTON, MO
VS 150-REV. 1/1/68		TE TOTAL MILENA PILON	IE - CI SI VIY, NO





0 1/2	71 2369	BALTIMORE CITY	HEALTH DEPARTMENT	. /	71 2369
BIRTH NO.	1	CERTIFICA	TE OF DEATH	REG. NO	71 2369
1. NAME OF DECEASED			2. DATE ANI	D HOUR OF DEATH	
Wil	Cliam Rol	00768	3/1	171	1 632 AM
3. PLACE IN BALTIMO	RE, MARYLAND, WHERE PR	ONO UNCEO DEAD	A. STATE B. COUNT	deceased lived. If in	stitution: residence before admission)
FULL NAME OF	IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	In Da	llimes	c 5300
HOSPITAL OR	ADDRESS OR LOCATION		C. CITY OR TOWN		IDE CITY LIMITS?
5500			In their le		YES NO
Cand	Aome + 1	tosh	E. STREET AND NUMBER	,	
			115 norm	SALL	
5. SEX 6. RA	CE 7- MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	ast birthday)	Months Doys Hours Min.
mille	elite WIDO		19130101	69	
IOA. USUAL OCCUPATION Ione during most of working	ON (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	in country!	12. CITIZEN OF WHAT COUNTR
1)	man		home Pour	o A	I UCA
3. FATHER'S NAME	7000000		14. MOTHER'S MAIDEN NAM	IE.	
triblin	00.	1.10	16000	10	1:0
5. Was Deceased Ever	n U. S. Amied Forces?	1 6, SOCIAL	17. INFORMANT	uma	thu w
res, no or unknown) (If ye	n U. S. Armed Farces? s, give wor or dates of serv		1 1 0	-0	ADDRESS
		1219361542	has,'s Nu	581. C/B	At .
18. 4 12	31	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	CONDITION DIRECTLY		10 1		VELITERY OFFICE AND DEATE
	ING TO DEATH	(A) IMMEDIATE CAU			helps
heart failure, asthe	nia, etc. It means the disc	ose, DUE TO, OR AS	A CONSEQUENCE OF:		0
	an which coused death.)				
	CEDENT CAUSES	(B)			
	ONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CO	ove cause (A) stating NDITION last.	(C)			
	11	1-7			
OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG Din	ita el e e :		, 00 0
DISEASE OR CONDIT	NOT RELATED TO THE TERMIT	VAL LLLER	745/02 CO		15000
OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT 19A-DATE OF OPER		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
				IIT CERIIFIING CA	USES OF DEATH!
OR CONTRIBUTING	S UNCERLYING CAUSE OF	218, PLACE OF INJURY (e.g., in hame, farm, factory, street, af	or about 21C. WHERE OID	(if In Baltimar	e City, give exact location)
DEATH (natify medic	oi examined	etc.)			
DEATH (natify medic	thi (Doyl (Year) (Hour)	21 & INJURY OCCURRED	21F. HOW OLO INJU	RY OCCUR?	
OF INJURY		White At Not While			
	73.7.10 1	WOR AT WORK			~
	1) (this hospital) attend		(2/	7/10_3/1	19
	saw the deceased alive	, ,		t in (my) (our) opi	nion deoth occurred on the dot
	the causes stoted abay	e. (1) (We) (did) (did not) v	lew the bady after death.		
23A. SIGNATURE		D7			238 DATE SIGNED
Wietnes	604 told	M OM DEGREE Phys	nding Med. S	toff Arys.	3/1/7/
23C.PHYSICIAN'S NAME (Type)			3D. ADDRESS	-	
D. of of	1. 100 cl.	no his hol	CM1 = 09 11	80.01	1100.
4A. BURIAL CREMATIC REMOVAL (Specify)	N. 24B DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (Ci	ly, town, ar county! (State)
	227/ (. 0 6 6			0 1 0 11
Burial 25A. OATE REC'O BY HI)-)-/().	t. James &p. (hu		bnkton	Balto. Co. Md.
MAD 1 A	JONES A	ME OF REGISTRAR	25C. FUNERAL OIRECTOR	1 0	ADDRESS
MAN I O	BU CERE	Yalke, M.B.	Nohmi Brown	est sons	610-12 york
/S 150-REV. 1/1/68		- manus	7		7



VS 150-REV. 1/1/68



IMPORTAN

DIRECTOR:

FUNERAL

NO [

U.S.A.

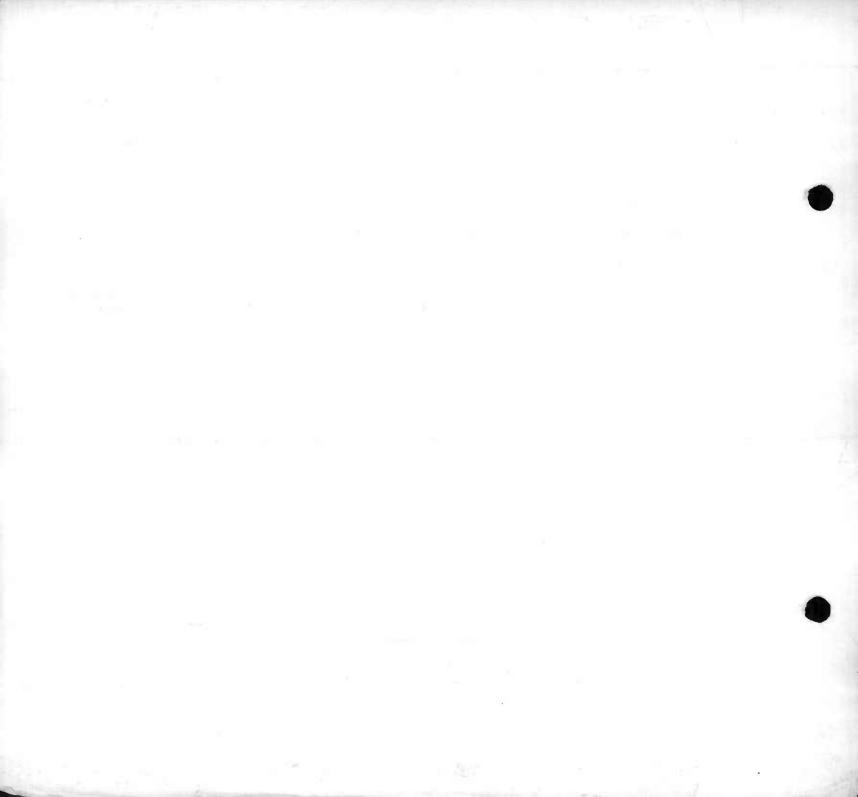
ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

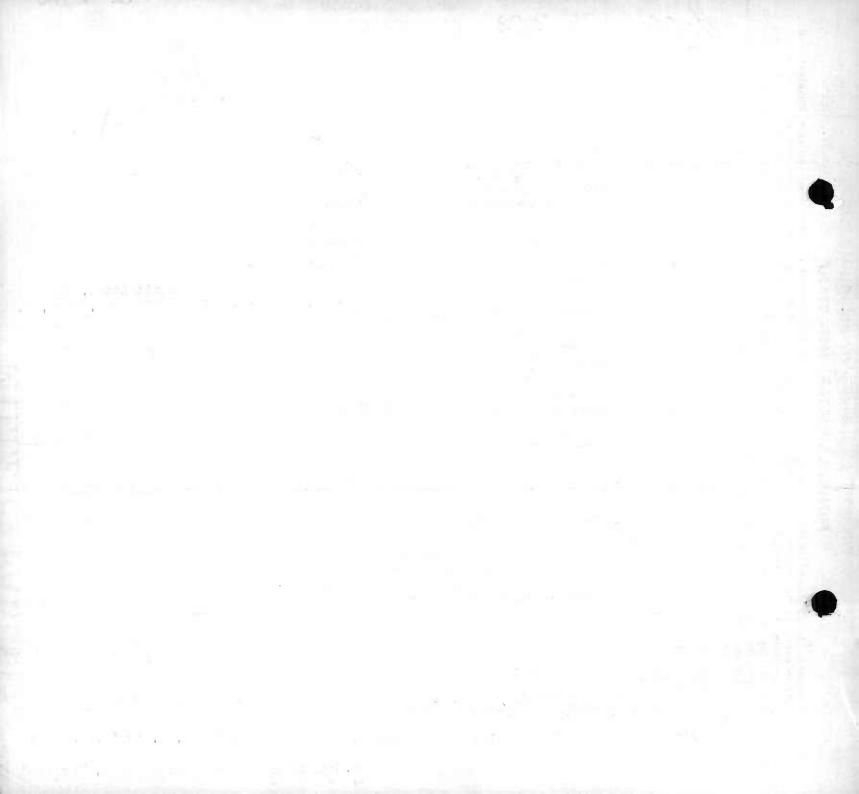
Maryland

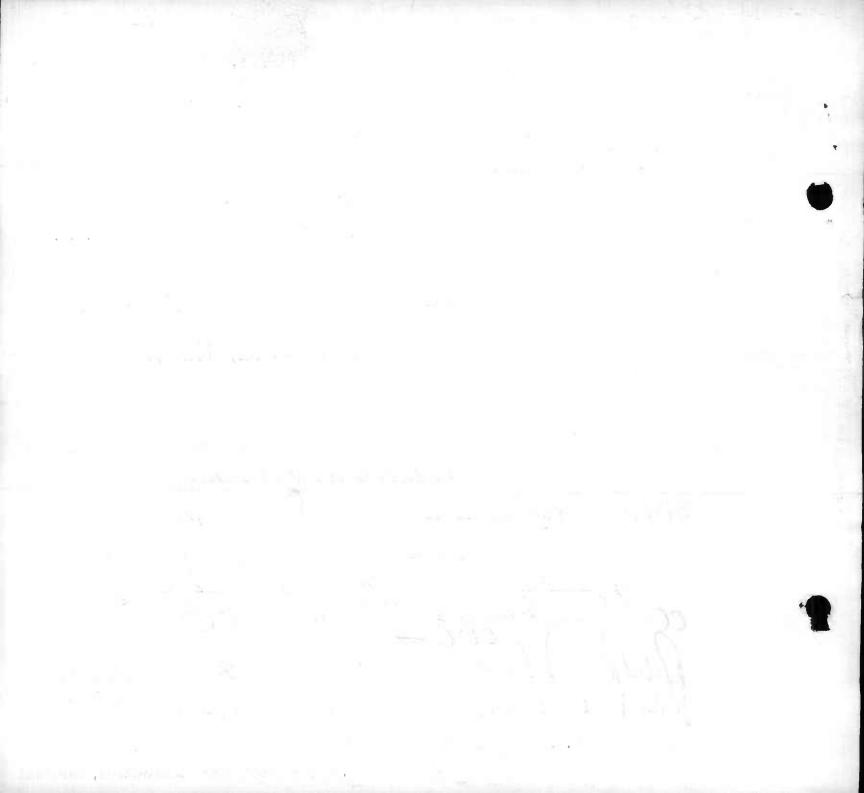
ADDRESS al Home

If Under 24 Hrs. Havis



ple	1/		BALTIMORE CITY	HEALTH DEPARTMENT	V	Ex 23/2
	4:536	6 71 237	2 CERTIFICA	TE OF DEATH	REG. NO	
1. IN	AME OF DEC			2. DATE	AND HOUR OF DEAT	н
_		ENDERSON		3~	-4-71	13:37pm
3.	PLACE IN BAL	IMORE, MARYLAND, WHERE P	ONOUNCED DEAD	A. STATE B. COU	here deceased fived. If	institution residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Maryland	St. Mary	ys 6800
HC IN:	SPITAL OR	ADDRESS OR LOCATION		C. CITY OR TOWN		ISIDE CITY LIMITS?
10				Lexington	Park	YES NO NO
13	The Joh	ns Hopkins Hos	spital	E, STREET AND NUMBER		
5. 5		6. RACE 7. see		7 Lincole	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	emale	Mograpo	RRIED NEVER MARRIED	12/26/06	lost birthdoy) 64	Months Doys Hours Min.
		PATION (Give kind of work 108, KIN	OWED DIVORCED DIVORCED			12. CITIZEN OF WHAT COUNTRY?
		rorking life, even if rettred)			noigh country,	
13.	FATHER'S NAM	AE		14 MOTHER'S MAIDEN N.	AME	
	James (Courtney		Alice Do	rsey	
15. (Ye)	Wee Deceased	Ever in U. S. Armed Forces? (If yes, give war or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS YXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
				Lorcy R. Hend	erson 7 Li	Ichnigation, Lexington ncolen Ave. Parkand.
	18.	0.9	CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DIRECTLY		4 , 8	1	SETWEEN ONSET AND DEATH
		LEADING TO DEATH	(A) IMMEDIATE CA	USE My March	cal inform	free
	heart failure,	ot mean the mode of dying, asthenia, etc. It means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	0	
	injury or com	plication which caused death.)		(,		40-70-70
		ANTECEDENT CAUSES	(8)	ASCUL		
		R CONDITIONS, if any, gabove cause (A) stating		A CONSEQUENCE OF:		
		CONDITION last	(c)			
		- 11				
NO	OTHER SIGNIF	CANT CONDITIONS CONTRIBUT	TING			The second secon
ATION.	TO THE DEAT	H BUT NOT RELATED TO THE TERM ONDITION GIVEN IN PART 1 (A).	INAL			
ERTIFICATION	TO THE DEAT	H BUT NOT RELATED TO THE TERM	POR WHICH OPERATION	20 A AUTOPST? (Yes or	No. 20B, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFIC	TO THE DEAT DISEASE OR CO 19A-DATE OF 0 21A-ACCIDEN OR CONTRIBU	H BUT NOT RELATED TO THE TERM ONDITION GIVEN IN PART 1 (A). OPERATION 19% CONDITION WAS PERFORMED IT WAS UNDERLYING 1 TING CAUSE OF	POR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, farm, factory, street, c	in or obout 21C. WHERE DID		E FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFIC	TO THE DEAT DISEASE OR CO 19A-DATE OF OCCUPANTION OF CONTRIBUTION OF CONTRIBUT	H BUT NOT RELATED TO THE TERM ONDITION GIVEN IN PART 1 (A). OPERATION 198 CONDITION WAS PERFORMED IT WAS UNDERLYING 1110 CAUSE OF medical examined	POR WHICH OPERATION 21B PLACE OF INJURY (e.g., home, form, foctory, street, e.g.)	in or about 21C. WHERE DID	(If to Boltin	
EDICAL CERTIFIC	TO THE DEAT DISEASE OR CO 19A-DATE OF 0 21A-ACCIDEN OR CONTRIBU	H BUT NOT RELATED TO THE TERM ONDITION GIVEN IN PART 1 (A). OPERATION 19% CONDITION WAS PERFORMED IT WAS UNDERLYING 1 TING CAUSE OF	POR WHICH OPERATION 21B PLACE OF INJURY (e.g., home, farm, fociory, street, celc.) 21E (NJURY OCCURRED	in or about 21C. WHERE DID	(If to Boltin	
CERTIFIC	TO THE DEAT DISEASE OR C. 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH Inotify 21D. TIME	H BUT NOT RELATED TO THE TERM ONDITION GIVEN IN PART 1 (A). OPERATION 198 CONDITION WAS PERFORMED IT WAS UNDERLYING 1110 CAUSE OF medical examined	POR WHICH OPERATION 21B PLACE OF INJURY (e.g., home, form, foctory, street, e.g.)	in or about 21C. WHERE DID	(If to Boltin	
EDICAL CERTIFIC	TO THE DEAT DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH Inosity 21D-TIME OF INJURY IAPPROX.)	H BUT NOT RELATED TO THE TERM ONDITION GIVEN IN PART 1 (A). OPERATION 198 CONDITION WAS PERFORMED IT WAS UNDERLYING 1110 CAUSE OF medical examined	POR WHICH OPERATION 21B PLACE OF INJURY (e.g., home, farm, factory, street, e.g.) 21E fNJURY OCCURRED While At Not White At Work	in or about 21C. WHERE DID	(If In Boltin	
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EDICAL CERTIFIC	TO THE DEAT DISEASE OR CO 19A-DATE OF OR CONTRIBU DEATH Inestly 21D-TIME OF INJURY IAPPROX.) 22, I certify that (1) (***)	H BUT NOT RELATED TO THE TERM ONDITION GIVEN IN PART 1 (A). OPERATION 19B. CONDITION WAS PERFORMED IT WAS UNDERLYING 1 TING CAUSE OF medical examined (Month) (Doy) (Year) (Houd that (I) (this hospital) attention	POR WHICH OPERATION 21B PLACE OF INJURY (e.g., home, farm, factory, street, e.g., home, farm, factory, farm,	in or about 21C, WHERE DID ffice bidge INJURY OCCUR? 21F. HOW DID IN	(If In Boltin	nore City, give exact location)
EDICAL CERTIFIC	TO THE DEAT DISEASE OR CO 19A-DATE OF OR CONTRIBU DEATH Inestly 21D-TIME OF INJURY IAPPROX.) 22, I certify that (1) (***)	H BUT NOT RELATED TO THE TERM ONDITION GIVEN IN PART 1 [A]. OPERATION 198. CONDITION WAS PERFORMED IT WAS UNDERLYING 1100 (Month) (Doy) (Year) (House that (I) (this hospital) attentions saw the deceased allow from the causes stated about 1100 (Month) (Doy) (Year) (House that (I) (this hospital) attentions to the causes stated about 1100 (Month) (Doy) (Year) (House that (I) (this hospital) attentions to the causes stated about 1100 (Month) (Month) (Doy) (Year) (House that (I) (this hospital) attentions to the causes stated about 1100 (Month) (POR WHICH OPERATION 21B PLACE OF INJURY (e.g., home, farm, factory, street, elec.) 21E (NJURY OCCURRED While At Not White At Work ded the deceased from the on the occurrence of the occurrence occurrence of the occurrence occur	in or obout 21C, WHERE DID ffice bidge NUURY OCCUR? 21F. HOW DID II	(If In Boltin	pinion death accurred on the date
EDICAL CERTIFIC	TO THE DEAT DISEASE OR CO 19A-DATE OF OR CONTRIBU DEATH Inotify 21D-TIME OF INJURY IAPPROX.) 22. I certify that (1) (***) and hour and	H BUT NOT RELATED TO THE TERM ONDITION GIVEN IN PART 1 [A]. OPERATION 198. CONDITION WAS PERFORMED IT WAS UNDERLYING 1100 (Month) (Doy) (Year) (House that (I) (this hospital) attentions saw the deceased allow from the causes stated about 1100 (Month) (Doy) (Year) (House that (I) (this hospital) attentions to the causes stated about 1100 (Month) (Doy) (Year) (House that (I) (this hospital) attentions to the causes stated about 1100 (Month) (Month) (Doy) (Year) (House that (I) (this hospital) attentions to the causes stated about 1100 (Month) (POR WHICH OPERATION 21B PLACE OF INJURY (e.g., home, farm, factory, street, elec.) 21E finjury occurred While At No! While At Work ded the deceased from a on 3 3 ove. (1) (Me) (did) (did not)	in or about 21C. WHERE DID ffice bidg. INJURY OCCUR? 21F. HOW DID IT 19 and view the body after death	(If In Boltin	pinion death accurred on the date
EDICAL CERTIFIC	TO THE DEAT DISEASE OR CO 19A-DATE OF OR CONTRIBU DEATH Inosity 21D-TIME OF INJURY IAPPROX.) 22. I certify that (1) (***) and hour and 23A. SIGNATU	H BUT NOT RELATED TO THE TERM ONDITION GIVEN IN PART 1 [A]. OPERATION 198. CONDITION WAS PERFORMED IT WAS UNDERLYING TINO CAUSE OF medical examined (Month) (Day) (Year) (House that (1) (this happital) attentions saw the deceased allow from the causes stated about the cause stated about the causes stated about the cause stated about the c	POR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, farm, factory, street ested) 21E. (NJURY OCCURRED While At Not White Work At W	in or obout 21C, WHERE DID ffice bidge NUURY OCCUR? 21F. HOW DID II	(If In Boltin	pinion death accurred on the date
EDICAL CERTIFIC	TO THE DEAT DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH Inofity 21D-TIME OF INJURY IAPPROX.) 22, I certify that (I) (***) and hour and 23A-SIGNATU	H BUT NOT RELATED TO THE TERM ONDITION GIVEN IN PART 1 [A]. OPERATION 198. CONDITION WAS PERFORMED IT WAS UNDERLYING TINO CAUSE OF medical examined (Month) (Day) (Year) (House that (1) (this happital) attentions saw the deceased allow from the causes stated about the cause stated about the causes stated about the cause stated about the c	POR WHICH OPERATION 21B PLACE OF INJURY (e.g., home, farm, factory, street, este.) 21E INJURY OCCURRED While At Not White At Work ded the deceased from the on the one of the occurrence of the occurrence on the occurrence of the occurrence on the occurrence of	in or obout 21C. WHERE DID Mice bidg. INJURY OCCUR? 21F. HOW DID It is 19 and view the body after death and ming Med. Director 23D. ADDRESS The Johns	If in Boltin NJURY OCCUR? 19 to that in (my) (pinion death accurred on the date 238, DATE SIGNED 3/4/71
MEDICAL CERTIFIC	TO THE DEAT DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH Inotify 21D-TIME OF INJURY IAPPROX.) 22, I certify that (I) (***) and hour and 23A-SIGNATU 23C-PHYSICIA NAME (T)	H BUT NOT RELATED TO THE TERM ONDITION GIVEN IN PART I [A]. OPERATION 198 CONDITION WAS PERFORMED IT WAS UNDERLYING ITING CAUSE OF medical examined (Month) (Doy) (Year) (House that (I) (this hospital) attentions are the causes stated about the cause stated about the	POR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, farm, factory, street ested) 21E. (NJURY OCCURRED While At Not White Work At Work At Work At Work) ded the deceased from	21F. HOW DID IT 19	If in Boltin NJURY OCCUR? 19 to that in (my) (10) of the Stoff Phys. 4 Hopkins Ho	pinion death accurred on the date 238, DATE SIGNED 3/4/71
MEDICAL CERTIFIC	TO THE DEAT DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH Inofify 21D-TIME OF INJURY IAPPROX.) 22, I certify that (I) (***) and hour and 23A-SIGNATU 23C-PHYSICIA NAME (T) BURIAL CRE REMOVAL (I)	H BUT NOT RELATED TO THE TERM ONDITION GIVEN IN PART I [A]. OPERATION 198. CONDITION WAS PERFORMED. IT WAS UNDERLYING ITING CAUSE OF medical examined (Month) (Doy) (Year) (House that (I) (this hospital) attention is saw the deceased allow if from the causes stated about the cause of the cause	POR WHICH OPERATION 21B PLACE OF INJURY (e.g., home, farm, factory, street, e.g., while At Not White At Work	in or obout 21C. WHERE DID ffice bidg. INJURY OCCUR? 21F. HOW DID IN 19 7 and view the body after death ending Med. Director D 23D. ADDRESS The Johns EMATORY 24D.	If in Boltin NJURY OCCUR? 19 to that in (my) (10) or be Stoff Phys. 4 Hopkins He LOCATION	pinion death accurred on the date 238, DATE SIGNED 3/4/71 OSPITAL (City, town, or county) (Stote)
MEDICAL CERTIFIC	TO THE DEAT DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH Inotify 21D-TIME OF INJURY IAPPROX.) 22, I certify that (I) (***) and hour and 23A-SIGNATU 23C-PHYSICIA NAME (T)	H BUT NOT RELATED TO THE TERM ONDITION GIVEN IN PART I [A]. OPERATION 198 CONDITION WAS PERFORMED IT WAS UNDERLYING ITING CAUSE OF medical examined (Month) (Doy) (Year) (House that (I) (this hospital) attended to the causes stated about the cause of the caus	POR WHICH OPERATION 21B PLACE OF INJURY (e.g., home, farm, factory, street, e.g., while At Not White At Work	in or obout 21C. WHERE DID ffice bidg. INJURY OCCUR? 21F. HOW DID IN 19 7 and view the body after death ending Med. Director D 23D. ADDRESS The Johns EMATORY 24D.	If in Boltin NJURY OCCUR? 19 to that in (my) (10) or be Stoff Phys. 4 Hopkins He LOCATION	238 DATE SIGNED 3/4/71 ospital
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VS 151-REV. 1/1/68

from

8-2-71

25C. FUNERAL DIRECTOR

ADDRESS

25B. NAME OF REGISTRAR



25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

Andrew E. Canton F. Contraction

K.

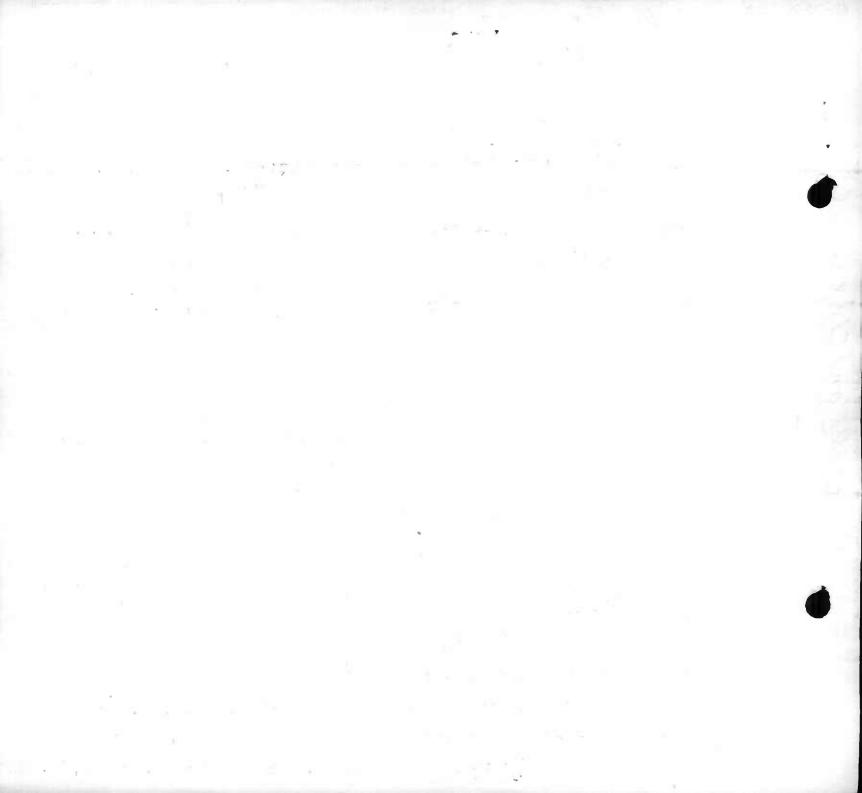


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

M NEE	BALTIMORE CIT	Y HEALTH DEPARTMENT	"H 0000
EIRTH NO. 71	2376 CERTIFICA	TE OF DEATH REG. NO.	71 2376
Type of Print	Fice M. Man	2. DATE AND HOUR OF DEA	тн
3. PLACE IN BALTIMORE MARYLAND, W	EVA ITCLIAHON	3 8 71 9:	25PM M
		4. USUAL RESIDENCE (Wifere deceased lived, I	f institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPIT, HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET	Maryland	2404
	11		NSIDE CITY LIMITS?
SOUTH BALTIMORE (DENERAL HOSPITAL	E. STREET AND NUMBER	YES NO
43		1617 Webster St.	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	Il Under 1 Yr., If Under 24 Hrs. Months: Days Hours Min.
- W	WIDOWED DIVORCED	12/11/95 lost birthdoy)	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if reffred)	TOR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY
NONE .		Md.	7/3/2.
13. FATHER'S NAME	/	14 MOTHER'S MAIDEN NAME	9. 4. 4
Kobest L.	11), 150N	Finn A tole	al
15. Was Deceased Ever in U. S. Armed Fere (Yes, no or unknown) (If yes, give war or date:	les? 16. SOCIAL	17. INFORMANT	SO N ADDRESS
A O	SECURITY NO.	Hosp Prode	~
18. 24 / 2 21	CAUSE OF DEAT	H MOSP. NELORAS	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIR	ECTLY	A 0	BETWEEN ONSET AND DEATH
LEADING TO DEATH	/ANIMMEDIATE CAL	USE ACUTE LULMONARY ED	EMA HOURS
(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g., DUETO OR AS	A CONSEQUENCE OF:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
injury or camplication which caused	death.)		\/
ANTECEDENT CAUSES	(B) ARTERIO	SCIGROTIC HEART DISEA	SE YEARS
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UNDERLYING CONDITION last.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	ATRIBUTING CARDION	ASCULAR ACCIDENT	
O DISEASE OR CONDITION GIVEN IN PART	1 (A).		
WAS PERF	ORMED OF WHICH OFERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (II in Baltin	nore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	lice bidg. INJURY OCCUR?	ony, give exact tocolium,
21D.TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
E (APPROXI	While At Not While		
	Work Al Work	1.015	
22. I certify that (N) (this hospital)			8/7/
that (1) (we) last saw the deceased		19ond that In(my) (ow) o	pinion death occurred on the date
ond haur and from the causes state	ed abave. (1) (We) (did) (did not) v	lew the bady after death.	
And I was	MD	nding Med. Staff	23 B. DATE SIGNED
23C BHYSICIANS	DEGREE Phys	Director L Phys. L	3/8/7
23C. PHYSICIAN'S NAME (Type) AYE N	GWE M.D	SOUTH BALTIMORE GENER	AL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION .	(City, town, or county) / (State)
PUBIEL 3/12/7	1 Holy CROSS	Com Kaltinga	1-02/
25A. DATE REC'D ST HEALTH BEPTS	ASE WANTE OF REGISTRAR	25C-FUNERAL DIRECTOR	ADDRESS
MAR I U 19/1 USSEUR	- vacoey mis	VIJE Willes JROF	not Hive
VS 150-REV. 1/1/66		# 2 3 7 5 F	



(Type or Print)	Abram Bos	-	2. DATE AND HO March 7,	2:0
3. PLACE IN BAL	TIMORE MARYLAND, V	THERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dece	eased lived. If institution; residence be
FULL NAME OF HOSPITAL OR INSTITUTION	Baltimore	ral or institution, give stree ation) City Hospitals		D. INSIDE CITY LIMITS?
13/	4940 Easte	rn Ave.	E. STREET AND NUMBER	YES NO
5. sex Male	Baltim re,	Md. 21224	2522 McComas Ave.	B-111
5. SEX	6. RACE	7- MARRIED NEVER MARRIE	8. DATE OF BIRTH 9. AGE	E (In yours If Under 1 Yc. II
Male	White	WIDOWED DIVORCE	2 21_01	00
IOA. USUAL OCCL	JPATION (Give kind of work	108, KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or loreign cou	nityl 12. CITIZEN OF WI
Retire	working life, even if retired)	Self-employed	Maryland	U.S.A.
13. FATHER'S NAM		DOLL OMPLOYOU	14. MOTHER'S MAIDEN NAME	0.00.
	William Bo	oslev		achel Armacost
15 Was Dannerd				SCHOOL ALMACOU
(Yes, no or unknown)	Ever in U. S. Armod For	s of sorvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT 4940	Eastern Ave. ADDRESS
No		ss of sorvice) SECURITY NO.	5 Balti	m re, Md. 21224
18.	POK	CAUSE OF		APPROXIM
	E OR CONDITION DI	RECTLY	1	BETWEEN OF
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injury or com	plication which caused	death.)	0 1 1	
			1 - [] [] - [][//
A	ANTECEDENT CAUSES	2 /	trial Lele las	7
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(1994 A			BALTIMORE	CITY	HEALTH DEPA	RTMENT					
011	-525 TH NO.	71	237	8	CERTIFI	CA	TE OF D	EATH	REG.	NO	71	23	78
	Pe or Print)	N, DONALI	TIO	VT)				2. DATE A	ND HOUR OF	DEATH			_
3.	PLACE IN BALTIMORE				ED DEAD		4. USUAL RESI	DENCE (WI	t/ (L.	ved. II insti		ideace hel	P M.
FU	ILL NAME OF GE	NOT IN HOSPIT					A. STATE Maryla	B, COU	NTY	V 000 17 111311	2	76	8
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II.,		ans Admir				1	Baltim			١	ES X	NO	
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5.	SEX 6. RACI	more, Mar					1710		sea Road				
]	Male Wh	ite	WIDOV	VED T	JEVER MARRIED	X	5/20/23	3	9. AGE (In your last birthday)	47	il Under	Poys Ho	Under 24 Hrs.
104	LUSUAL OCCUPATION	(Give kind of work	108. KINI	OF BUS	INESS OR INDI	JSTRY	1. BIRTHPLACE	(Stote or fo	reign country)		12. CITIZE	N OF WH	AT COUNTRY
	Laborer	ie, even n tenned)	Acme	e Sto	res		Baltimo	ore, Ma	aryland			USA	
13.	FATHER'S NAME					1	4. MOTHER'S	MAIDEN NA	AME				
	Edward Dunga	n					Katheryn	Keppe	er				
	Was Deceased Ever In s,no or unknown) (If yes,		ces?	16.	SOCIAL SECURITY NO.	1	7. INFORMANT				-	ADDRESS	
		8/43 - 1/			15-12-72	68			Records	_			
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		G TO DEATH		,	(A)IMMEDIAT	E CAUS	Res p i	ratory	arrest			minut	tes
	(This does not meer heart failure, astheric injury or complication	, elc. Il meons	the dise	e.g., ose,	DUE TO, C	R AS A	CONSEQUENCE	OF:					
	ANTECEDENT CAUSES Intracerebral hematoma								3to4	davs			
	DISEASES OR COM	IDITIONS, il	ony, giv	ing	(B) DUE TO, C	R AS A	CONSEQUENC	E OF:				J 004	
	rise to the obove UNDERLYING CONE	couse (A)	sloling	the	(c)In	trac	erebral	hemorr	hage			3to4	days
_		11					100						
CATION	OTHER SIGNIFICANT CO	OT PELATED TO TH	E TERMIN	IG AL	C	hron	ic alcoh	olism					
OA	DISEASE OR CONDITIO	N GIVEN IN PART	1 (A).				20A. AUTOPS		al 208 is vee	VAVE DE CINI	DINGS	ONICIDER	ED.
RTIF	10/0/07	rule out	ORMED				NO		IN CERTIFY	NG CAUS	S OF DE	ATH?	
CAL CE	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	UNDERLYING CAUSE OF		218, PLA	CE OF INJURY	e.g., in et, offic	or obout 21 C. W	HERE DID	(If In	Boltimore C	ily, give	exect locet	ion)
50		(Doy) (Year)	(Houd)	21 F. (N.II	JRY OCCURRED		216 46	W DID IN	JURY OCCUR?				
MEDI	OF INJURY (APPROX.)	,		While At	Not	While Work		או טוט אי	JORT OCCUR!				
	22. I certify that (1)	(this hospital)	attende	d the de			arch 1st		19 71 to	M	arch	Lith	_1977_
	that (1) (we) lost sa								hat in (m/y/) (o			,	
	ond haur ond from t	e couses stot	ed above	. (1) (We) (did) (did/h	bt vie	w the body of	fter death.					
	23A. SIGNATURE	1/1								23	B, DATE	SIGNED	
	Jok	- 1/Co	50-	- /	DEGREE		ling Me	rector	Shaff Phys.		3/5	/71	
	23C. PHYSICIAN'S NAME (Type)	- (D. ADDRESS	3900	Loch Ray	ren Ro	ıl erra	nd	
		JOHN F. R				GREE							
24A	REMOVAL (Specify)	24B. DATE			of CEMETERY o	r CREN		24D. 1		city.			(Stote)
	Burial	3/9/71.	G	len	Haven I	viem	PRal	GG	len Bu	rnie?	Mar	ylan	d
25A	DATE REC'D BY HEA	THE DEPT.	25B NAM	E OF RE	GISTRAR	0	Ge OT P		Gonce !	3001	Rite	ADDRES	
1111	HIT TA MAIL	manage en	4-45/6	-	6.7 W		2008	7 1	Pa	1+1	200	Wa	21 225

C-620 71 2379		TE OF DEATH	REG. NO	71 2379
1. NAME OF DECEASED (Type or Pant) ETTA CROOK	Down	200	HOUR OF DEATH	/
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	UNCED DEAD	3///	deceased lived. If in	Am Notifution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)		MARVLAND C. CITY OR TOWN	BALT	11
2 SUNIVERSITY HOSP.		CITY.	0. 114311	YES NO
REDWOOD+ GREENEST		1/3 N. PAC	A. ST.	
5. SEX 6. RACE 7. MARRIED WIDOWED	C 6DIVORCED C	8. DATE OF BIRTH 9.	AGE (In yours	If Under 1 Tr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND Of done during most of working life, even if retired) BN KNOWN.	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stota or foreig NORTH	CAROLTNA	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	McCoy	14. MOTHER'S MAIDEN NAM	E	Daniel MC COY
5. Was Deceased Ever in U. S. Armed Ferces? Yes, no or unknown) (Iff yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	070	ADDRESS
10	DNKNOWN	HOSPITA	AL RECORDS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	0000000	1.T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tThis does not mean the mode of dying, e.g., head failure, osthenia, etc. It means the disease, injury of complication which caused deoth.) ANTECEDENT CAUSES	4	CONSEQUENCE OF: TING AORTIC A A CONSEQUENCE OF:	INEWRSYM	1- 2WKS.
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.		A CONSEQUENCE OF:		TOYRS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218.		Č BRONCHITI	*******************	IOURS
19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION		208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., in e, form, foctory, street, off	er about 21C. WHERE DID ca bldg., INJURY OCCUR?	(If In Baltimara	City, give exoct location)
F OF INJURY	INJURY OCCURRED	21F. HOW DID INJUS	RY OCCUR?	
22. I certify that (I) (this hospital) attended that (1) (we) last saw the deceased alive an	ne deceosed from	19	7/ to 3/	an deoth accurred on the date
and hour and from the couses stated obave. (1				
Marguerite 7. mora	w Moegree Phys.	Director L Ph	off.	23R DATE SIGNED ろ(フ/)/
MARGUERITET, MO		BD. ADDRESS WUVERSING	HOSP.	
REMOVAL (Specify)	ME of CEMETERY OF CREA		RLOTTE, N.C.	, fown, ar county! (State)
MAR 1 0 1971 Cabe & La Gay A		25C. FUNERAL DIRECTOR		LKENS AVE. 21229

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g ag.

	death death eased n the Such	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	l in a ng cau cause; attend ior to	1
	rributii nined gular ed pr	
	or condeterring in redecease	
1	irect (4) Ur h was h the lisposi	
RTAN	ssistanthe dy kindy lace of final c	
IMPO	Also, if e of any ounced attende	
FUNERAL DIRECTOR: IMPORTANT	racture pron	
IRECT	exam (3) A f an wh in reg	
SAL D	medical herns; burns; ohysici an was remai	
UNER	by a n Body the F hysicic	
i.i.	by the spital lure; (2 where) No p	
	proved the horny ny nat except and (6	
	be ap sed to nt of a pital (eath);	
	accide accide t a hos or to d	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prior approval must be obtained before the remains are embalmed or final disposition is made.	100
	This ce the bot thows: was D.	100

- I bearing	H-553 71 238		TE OF DEATH	REG. NO	71 2380
(T)	NAME OF DECEASED YPO OF Print) Charles A. F	tammond, J	T. MA	RCh (197/1 1000 P.M.
FL HIN	PLACE IN BALTIMORE, MARYLAND, WHERE PI JILL NAME OF (IF NOT IN HOSPITAL OR I OSPITAL OR ADDRESS OR LOCATION) ISTITUTION MARY AND GENE	NSTITUTION, GIVE STREET		D. INSID	2. 53 00 0 DE CITY LIMITS? YES \ NO □
1	MALE White WIDO	WED DIVORCED	8-3-26	44	Il Under 1 Yr. If Under 24 His. Months Doys Hours Min.
901	A. USUAL OCCUPATION (Give kind of work 10 B. KIN ne during most of working life, even if retired) BOUCES HOMOD CAPTION FATHER'S NAME	er Service	Part	+NIA	USA.
15. (Ye	Wes Deceased Ever in U. S. Armed Forces? s,no of unknown! (If yes, give wor or doles of serve VES) 1946-1966	16. SOCIAL SECURITY NO. 164-24-0008	7. INFORMANT	AL Reco	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, heart laiture, asthenia, etc. It means the distingury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give to the above cause (A) stating UNDERLYING CONDITION last.	ving Ihe	CONSEQUENCE OF:	DUSEASE,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
FICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19-A-DATE OF OPERATION 19-B. CONDITION 1	NAL	[20A, AUTOPSY? (Yes or No)]	208, IF YES, WERE FIN	NDINGS CONSIDERED
CAL CERTIFIC	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofify medical examined)	21B PLACE OF INJURY (e.g., in chome, form, foctory, street, afficient.)	or about 21C. WHERE DID	208. IF YES, WERE FIN IN CERTIFYING CAUS	City, give exact location)
-	21D.TIME (Month) (Dayl (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Not While At Work	21F. HOW DID INJU	RY OCCUR?	
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated abov	ed the deceased from /	19 and that	In (my) (aur) opinio	6/7/19an death occurred an the date
	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	Attend DEGREE Phys.		haff 2	3 /7/7/
	ויפעור וויפעריי				



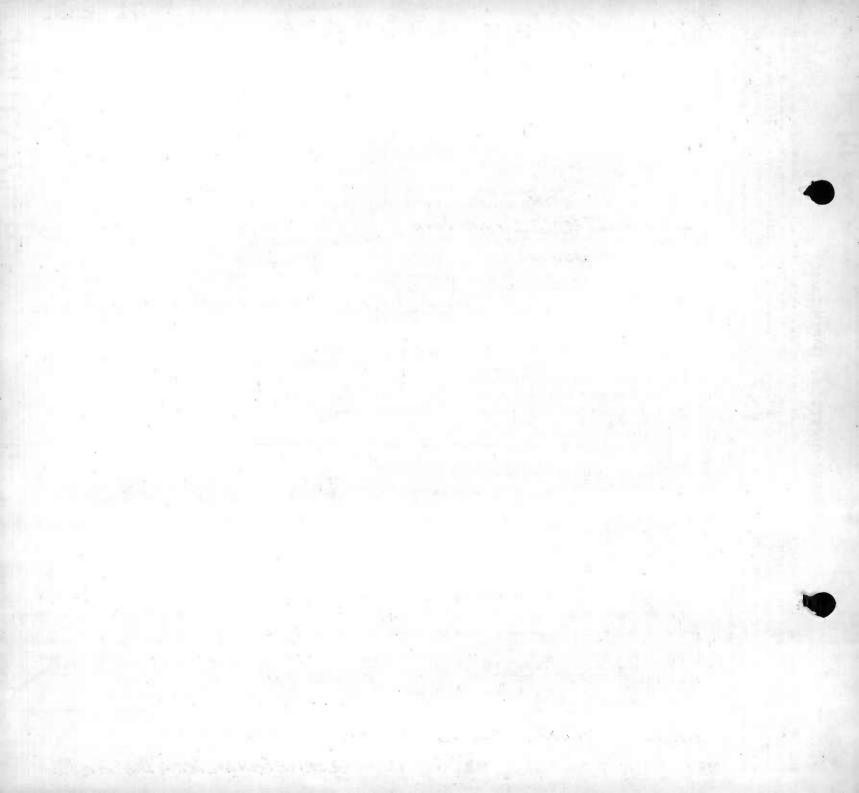
BALTIMORE CITY HEALTH DEPARTMENT

NO

ADDRESS

BETWEEN ONSET AND DEATH

If Under 24 Hrs.

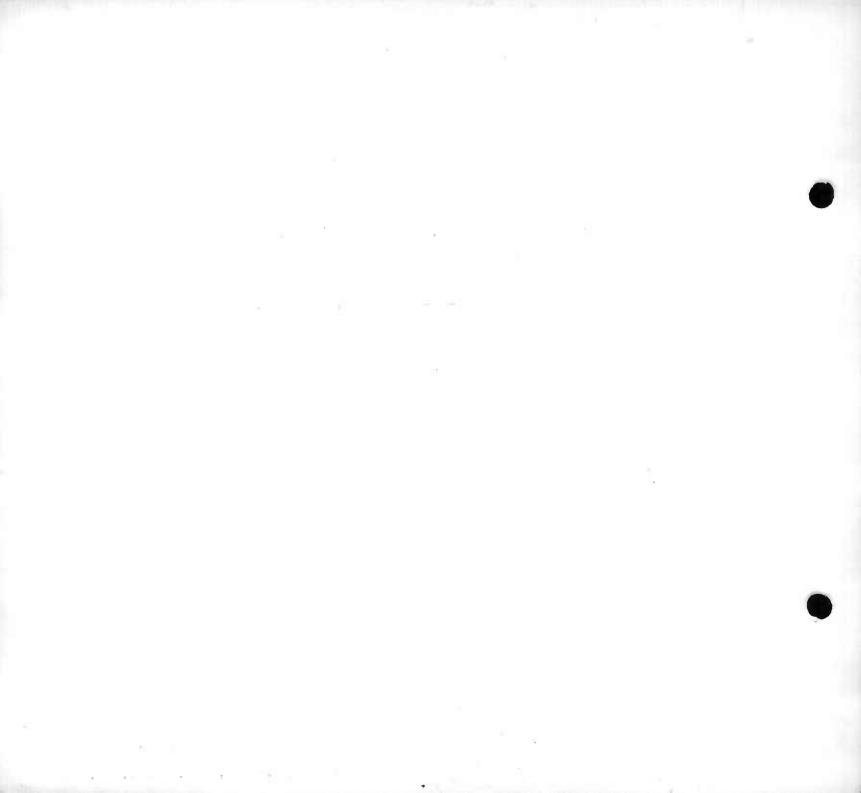


71 2382 CEPTIFIC	TY HEALTH DEPARTMENT ATE OF DEATH REG. NO. 71 2382
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	MARCH 6TH 17/ 12.50 A
	A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 602
CHURCH ITOME AND HOSPITA	C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS?
2 /	E. STREET AND NUMBER
5.5	FAYETTE ST 2511 E
6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 12-5-1867 9. AGE (In yeors If Under 1 Yr. If Under 24 Hr. Menths: Deys Heurs: Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	
COAL MINER	W. VA U.S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JERRY DEEMS 232-36-6798	/
3. Wes Decesed Ever in U. S. Armod Ferces? 1 6. SOCIAL	17. INFORMANT ADDRESS
No.	BEOLDE BAILEY 124W. HAVEN ST
18. Z CAUSE OF DEAT	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
This does not make the control of th	USE SUB-DURAL HAEMATOM A
head failure acthoric ate Il many the Il DUE TO, OR AS	A CONSEQUENCE OF:
injury or complication which caused doath.	
ANTECEDENT CAUSES	D INJURY.
	S A CONSEQUENCE OF:
UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
194. DATE OF OPERATION 1198. CONDITION FOR-WHICH OPERATION	20 A. AUTOPSY? IYos of Ne) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., home, form, foctory, street, o	in or ebout 21 C. WHERE DID ffice bldgINJURY OCCUR? (If In Boltimore City, give exect location)
DEATH (notify medical exominal) etc.) Rome,	Audit 25/1 E. FAYET
21D. TIME IMonth) (Dey) (Yeer) (Heur) 21E. INJURY OCCURRED (APPROX.) 45 While At World At While At Whi	21F. HOW DID INJURY OCCUR?
[APPROX.] 45 3/5/7/ While At Work At Work	FELL DOWN STAIRS
22. I certify that (1) (this hospital) attended the deceased from	3/5/71 19 to 3/6/7/19
that (I) (we) lost sow the deceased alive on3/8/7/	19ond that in(my) (our) opinion death accurred on the dat
and hour and from the couses stated above. (1) (We) (did) (did not) v	
23A. SIGNATURE	23B, DATE SIGNED
and so amanuty . Decese Phy	anding Med. Staff D 3/6/7/
22C BUYCAGUANA	23D. ADDRESS
T. SKEE KAMAMURTHY DEGREE	
4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, er ceunty) (State)
BURIAL. 3-9-71 BEVERLY /4/16	GEN. MURALO da WEITHOUSE
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	CEM. MONEA/TA GO. WEST. VIRGIN) B 25C. FUNERAL DIRECTOR ADDRESS B DADRESS BUTTINGA ST.
MAR 10 1971 Rebes E. Jaben M.D.	B DAGROWSHI 2818 E BUTINOGN CT.

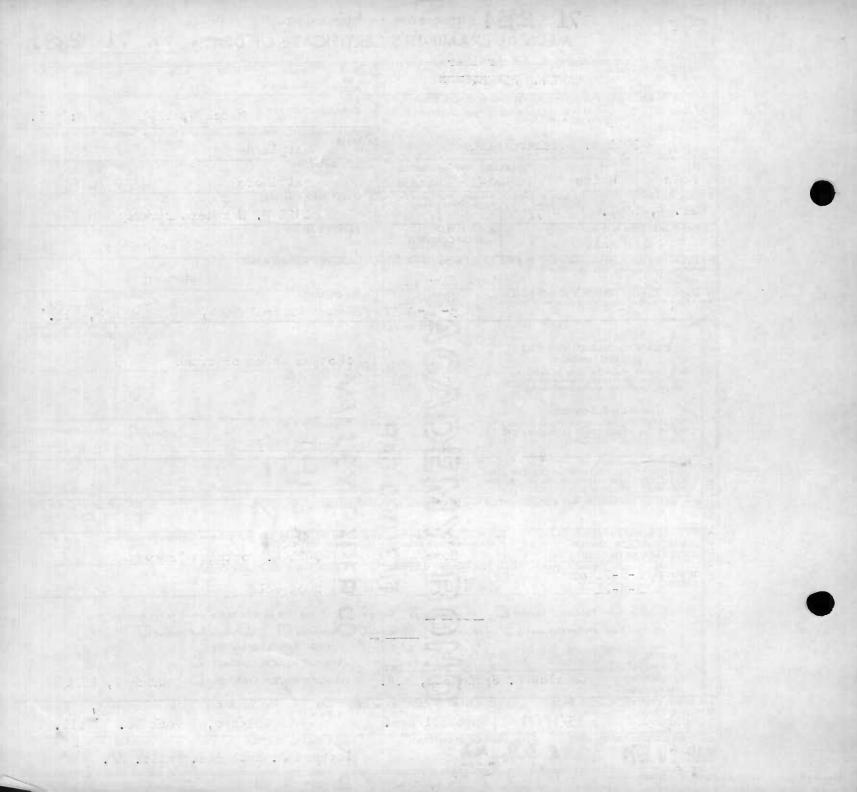


DIRECTOR:

FUNERAL



5	-616	4	71	235	-	BALTIMORE CITY HE								
			MED	ICAL	. EX	AMINER'S	ERTIFI	CATE	OF	DEAT	H	NO	71	2384
BIRTH		254550				ber					REG.	140		
(Type or	Print)	CEASED	DANIEI	. 561	AREI	TARK .	2. DATE OF	Known [Month	Doy		Yeor	Hour
4. PLAC	E IN BAL	TIMORE, M	ARYLAND, V	VHERE PE	ONO	UNCED DEAD	3. DATE	Estimoteo	, ப	Month	D			111
FULL NA	MEOF	(IF NO		AL OR INS		N, GIVE STREET		UNCED DEAL	D		6, 19	971	Yeor	6:30 P.
OR INST	NOITUTI			100			5. USUAL R	ESIDENCE (Where	dece ased 1	ived. If Insti	tution; r	esidence b	pelore odmission)
06)		• North	ern l	Park	way	A. STATE	Maryl			B. COUN		27	145
6. SEX	,	7. RACE		B. MARR	IED [NEVER MARRIED	C. CITY OR	TOWN			D. INSID	E CITY	LIMITS?	
Ma		Whi		WIDOW				Balti		e		YES	X I	NO 🗆
	• 3,		10. AGE (Ir	y eors	Month:	ler I Yr. Il Under 24 Hrs. s. Doys Hours Min.	E. STREET	AND NUMBE						
		tote or forei	/	/	10 61	1751105			Е.	North	ern Pa	arkw	ay	
II. DIKI		llinoi				TIZEN OF	13. FATHER	SNAME			? Sc	. Ta a	41	
14A.USU				14B. KIND		JSINESS OR INDUSTRY	15 MOTHE	D'S MAIDEN	DIA AA	E	1 50	nre	iber	
gone guri	ng most of w	orking life, e	ven if retired)			n Electric	is. MOTHE	K 2 MAIDEN	NAM	E	Unkno	25.13.2		
16. WAS	DECEAS	ED EVER IN	U.S. ARMED	FORCES	2 1	7. SOCIAL	18. INFORM	AANT			Olikiic		RESS	
(Yes, no a	NO nuknown)	(Il yes, give	wor or dotes	ol service)	215-03-9629		er Fune	ral	Home	5624	Irv	ing P	ark, Rd.
19.	- 9.4		X			CAUSE OF DEAT		2 0010	2 00 2	1101110		OII.	1cago	PROXIMATE INTERVA
	DISE AS	E OP CONI	OITION DIREC	TIV									BETWI	EEN ONSET AND DEA
		LEADING TO		-161		(A)IMMEDIATE C	ALISE Sho	tgun wo	und	of t	runk			
(T	his does no ort lollure,	ot meon the	mode of dy	ing, e.g.,		DUE TO, OR A	S A CONSEQ	UENCE OF:						
In	jury or com	aplication whi	ich coused de o	th.)										
		NTECEDENT				(B)	100							
RI	ISEASES O	ABOVE CA	ONS, IF ANY	GIVING		(B) DUE TO, OR A	S A CONSEC	DUENCE OF:						
1 0	NDERLYIN	IG CONDIT	ION LAST.			(c)								
CATION			II					1-17-						
	D THE DEA	TH BUT NO	NDITIONS CO	THE TERM	ING NAL									
			GIVEN IN PA		FOR W	HICH OPERATION WA	S DEDECORM	ED						
Ö	>				OK II	THEIR OF EXAMON WA	J FERFORM	EU				2		NO (Yes or No)
S 22A.		VAL CAUSE			228. PL	ACE OF INJURY (e.g., i arm, loctory, street, office	n or obout 2	2C. WHERE E	DID (II	in Boltimo	re City, give	exoct	ocation)	and de la constant
AITU I		OR CONUSE OF DEA			nome, r	Home	bldg., etc.) IF	3021 E	JR?	orthe	rn Par	kwa	, 9	175
	TIME (Month) 71	Or (Yeor)	(Hour		INJURY OCCURRED		2F. HOW DIE	ILNI C	JRY OCC	JR?	icw a	у	
(APP	POY)	3-6-71	01	?	m. WH	RK NOT Y	WHILE DRK	Shot s	elf					
23.	Locati	fy that I h	ald an Ind	quiry [٦,									
			laturol cous			nspection X Aut							Inlon	
	162011	ed from: I		0	Acc	Ident Suicide	-	micide [_]			ned monn	er 📙		
	ACTUAL	(1)	m/8.	7.	1	in the		HIEF MEDIC						DATE SIGNED
	SIGNATU		Charle	SS	Shr	ingate, M.D.							-,	2.071
	NAME (T	ype)		0 0,				CIATE MEDIC	AL EX	MINEK	L M	arci	17,	19/1
REMOV	RIAL CREM	ATION, 2	4B. DATE	/ A		NAME of CEMETERY o	r CREMATO	RY 2	24D. LC	CATION	(City,	lown, o	r county)	(Stote)
D	urial		3/13/			sehill Cem.			Chi	cago,	Coc	ok C	0.	Ill.
25A. DA	E REC'D	BY HEALTH	4 . 4			F REGISTRAR		UNERAL DIR					RESS	
MAK	Ing	111	Bes E.	tabe	*		Leo	nard J.	Ru	ck In	c. Bal	lto.	Md.	
VS 151-R	V. 1/1/68	M		1 3	17		7 0		**					



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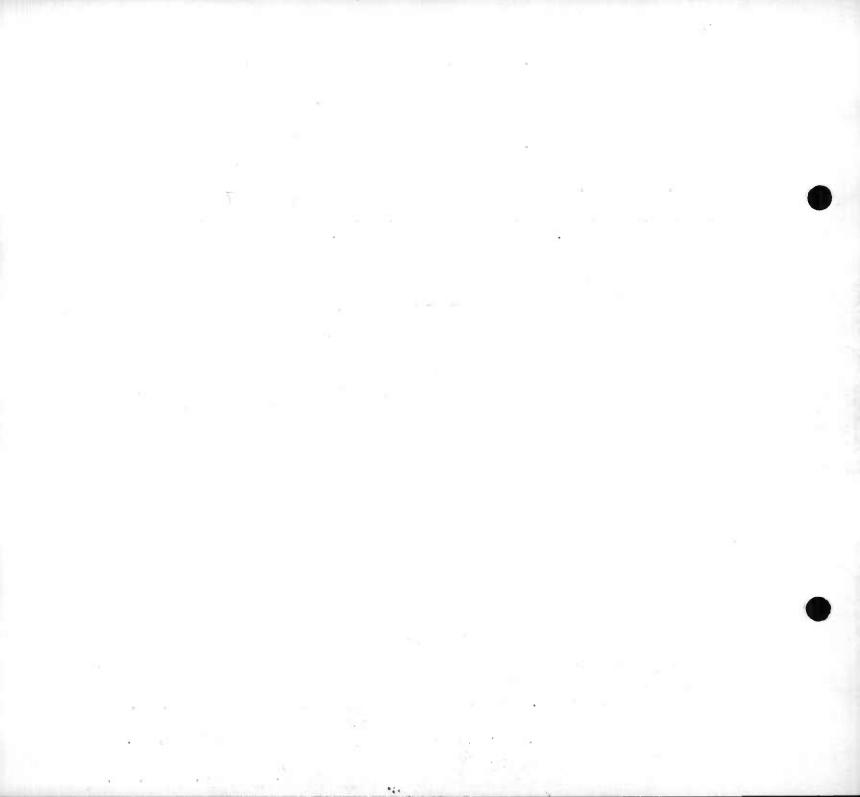
(Same)

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Hours Min.

DIRECTOR: FUNER



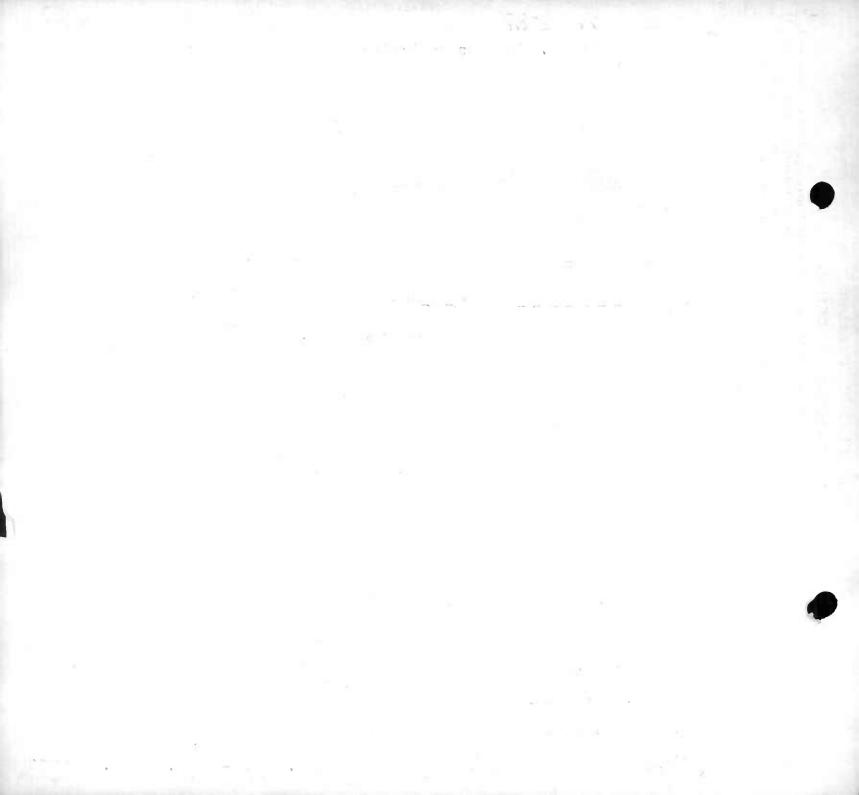
11	A AND A BALTIMORE CITY I	HEALTH DEPARTMENT
11/2	7)-4-14	TE OF DEATH REG. NO. 71 2386
	NAME OF DECEASED	IE OF DEATH
	ype or Printle 181. 4 11	2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, ANNILAND, WHERE PRONOUNCED DEAD	4 USUAL RESIDENCE (Where deceosed lived, If institutions residence before admission)
11		A SINIE D. COUNT
H	ULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CID OR TOWN ID INSIDE CITY HMTS?
	Lake Drive Nursing Home	Backingson
		E. STREET AND NUMBER
1	Baltimore, Md. 21217	920 N. Fulton Ave
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
	MIDOWED DIVORCED	1-4-1900 lost birthdoy Months Doys Hours Min.
dor	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 1	1. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Vo. Umberland Cty., Va. U.S. A.
13.	FATHER'S NAME	4 MOTHER'S MAIDEN WAME
	Hiddie Blackwell	Fannie
15.	Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17	7- INFORMANT ADDRESS
1.0	es, no or unknown) (If yes, give wor or doles of sorvice) SECURITY NO.	his. Mary Dates (sister) 1033 N. Mount St Bulto
		regative Backerilienic Shysk BETWEEN ONSET AND DEATH
	LEADING TO DEATH	
	(A) INVALUATE CAUSE heart failure, asthenia, etc. It means the disease,	CONSEQUENCE OF:
	injury or complication which caused death.)	1. 1. 1. 1.
	ANTECEDENT CAUSES	+ William hickinfellis
	DISEASES OR CONDITIONS, il any, giving nise lo lho above cause (A) stating the	CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	en D
z	II .	
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20.4 . 11 - 4.40 //
CERTIFICATI	WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CE	TELEVISION OF THE OWNER	r obout 21 C. WHERE DID (If In Boltimore City, give exect location)
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, stroot, office etc.)	bldg. INJURY OCCUR?
-	21D. TIME IMonth! IDoy) IYeor! (Hour! 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
8	IAPPROX.) While At [] Not While [7
	22. 1 certify that (1) (this hospital) attended the deceased from	3 71 2 8 71
	that (I) (we) lost saw the deceased alive on	19 /1 ta 3 -0 19 /1
		19and that in (my) (aur) apinion death occurred on the date
	and hour and from the causes stated above. (1) (We) (did) (did not) view 23A. SIGNATURE	
	M MISSA IND Attendi	
	23C. PHYSICIAN'S	Director Phys
	HAMOSIAD RIBYATE	035 Doors PATH-Clan BURNE Und 21067
24A	BURIAL CREMATION. 24B. DATE 24C. NAME OF CREMETERY OF CREMATERY	ATORY 12/D LOCATION
	REMOVAL (Specify)	ATORY 24D. LOCATION ICity, town, or county) (Stote)
25A	A. DATÉ REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	Jose History December of organic
	MAP 1 0 1071 00 40 20 7 65 50	25C. FUNERAL DIRECTOR ADDRESS 1/3-0
VS	150-REV. 1/1/68	10 32 De Mitte Row Bust 16 3/2



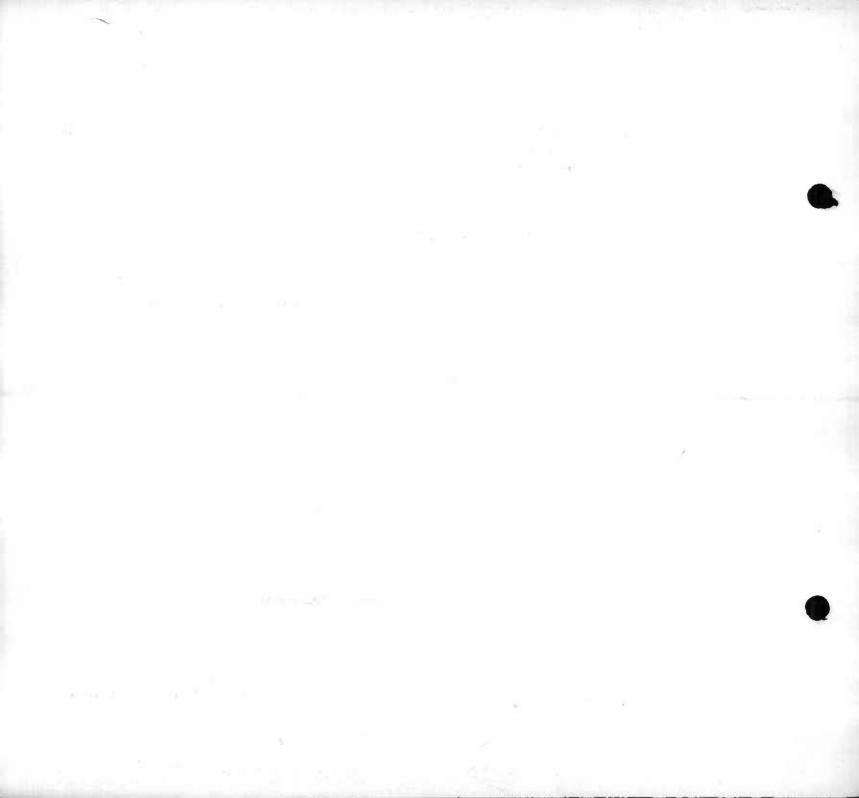
Released by Medical Examiner

RIF	3-362	71 2	387		TE OF DEA	V	71 2387.
	AME OF DECE	THE WOLL OF DE		acz or Strych	ac 2, D	ATE AND HOUR OF DEAT	H CON A
	STE	MORE MARYLAND, W	HERE PRONOU		4. USUAL RESIDENC	3/9/) E (Where deceased lived, if	Institution: residence before admission)
FU HC	LL NAME OF	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU		Maryland C.CIT OR TOWN	Baltimore D. IN	5300
Ba	altimore	ity ^H ospital ern ^A venue	.S		Baltimor		YES NO X
		Maryland	21224		312 German		21222
5, 5	ale	White		NEVER MARRIED DIVORCED	8. OATE OF BIRTH	9. AGE (In years last birthday) 55	If Under 1 Ye. If Under 24 His. Months Doys Hours Min.
		PATION (Give kind of work orking life, even if refired)	Longsh	ausiness or industry oreman			U.S.A.
13.	FATHER'S NAM	I.E	- Gar		14. MOTHER'S MAID	EN NAME	
	James	Strychacz			Jadwi	ga Dziubek	
15. (Ye	Wes Deceased 1, no of unknown) No	Ever in U. S. Armed For Uf yes, give war or date	s of service)	16. SOCIAL SECURITY NO. 219-01-7851	BCH: Record	Baltimore. N	Maryland 21224
CAL CERTIFICATION	IThis does no heart failure, a lajury or comp DISEASES OI size to the UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO 19 A- OATE OF 21 A- A C CIDEN OR CONTRIBU	E OR CONDITION DISTANCE OR CONDITION DISTANCE OF THE MEAN THE MEAN OF THE CONDITIONS, IS A CONDITION OF THE	dying, e.g., the disease, death.) any, giving stating the stating	(A) MMEDIATE CAU DUE TO, OR AS (B) DUE TO, OR AS (C) CONTROL OF INJURY (e.g., in forms, factory, street, of	A CONSEQUENCE OF	etec Leart	Deservation of the second of t
MEDICAL	21D. TIME OF INJURY (APPROX)	(Doy) (Year)		INJURY OCCURRED Not While k At Work		OIO INJURY OCCUR?	1-1-
	that (1) (we)	RE JORIN	ed alive on_)(We) (did) (did not) v	nding Med. b. Med. Directo	death.	238, DATE SIGNED March 9, 1971
	Burial	AATION, 248, DATE	24C. NA	DEGREE ME of CEMETERY or CRI LY ROSary Ceme F REGISTRAR	MATORY		21224 (City, town, or county) (State) ADDRESS
	150-REV. 1/1/6	III Paber &	Jakan			Weber - 705 S	

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DIRECTOR:

FUNERAL



NAME OF	MORE, MARYLAND, W	H.					
NAME OF	MORE MARYLAND, W			3-9		1	3:20 A
TAL DR		VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived, If in	stitution: rosi	idence before admission
	UF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Maryland		,	1/17
	terans Admin	alion) nistrat:	ion Hospital	C. CITY OR TOWN	D. INS	IDE CITY LIM	ITS?
	00 Loch Rave			Baltimore		YES	NO 🗌
Ba	ltimore, Ma			634 S. Leight	Street		
6	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in yours	If Under 1	Yo , If Under 24 His
le	White	WIDOWED	DIVORCED M	5-12-00	last birthdoy)	Months D	oys Hours Min.
SUAL OCCUP	ATION (Give kind of work	JOB KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZE	N DE WHAT COUNTR
	and the state of tellied,	St	eel	Change	262		
THER'S NAM		1		14. MOTHER'S MAIDEN N	1, Md.	USA	
Walter	Lease			in the state of th	WIE .		
s Deceased E	ver in U. S. Armed Ford	ces?	16. SOCIAL	17. INFORMANT TA H	anital Pager	ada A	DDRESS
	/ 1	10 17			TATALIA KIKIO		APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIR	ECTLY	CHOOL OF DEATH	•			APPROXIMATE INTERVAL WEEN ONSET AND DEATI
LI	ADING TO DEATH		Respiratory failure				days
his does not	mean the mode of	dying, e.g.,		- JSE	***********		
jury or campl	calion which caused	death.)					
AN	TECEDENT CAUSES		Chronic	obstructive pu	lmonary dise	ase	years
SEASES OR	CONDITIONS, if	ny, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:	J		Joor D
o lo lhe	above cause (A)	slaling fhe	Carcino	ma of lung			5 years
	11		(C)		***************************************		7 7
HER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING					
THE DEATH	RUT NOT RELATED TO TH	E TERMINIAL	***************				
A-DATE OF O	PERATION 198 CONE	NTION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES. WERE F	INDINGS CE	NSIDERED
				YES	IN CERTIFYING CAL	SES OF DE	ATH?
A- ACCIDENT CONTRIBUTION ATH (notify m	WAS UNDERLYING TO CAUSE OF	21 B. home	PLACE OF INJURY (e.g., in e, farm, factory, street, off	or obout 21 C. WHERE DID	(if in Boltimore	City, give ex	xoct location)
INJURY	tomis (Doys (1eos	A 120			JURY OCCUR?		
		Worl	k L At Work				
I certify the	at 👊 (this hospital)	attended th	e deceased from F	ebruary 25.	19 71 to Marc	h 9.	19 71
tXXX (we) la	st saw the deceased	alive on	March 9,				
d haur and fr	om the causes state	d abave. 00	(We) (did) (We) vi		in the frank about		dit the date
SIGNATURE		()	WELLIAM.			23B. DATE S	IGNED
	John to	lags	DL.	nding Med.			
PHYSICIAN'S	//	1	DEGREE	3D ADDRESS			
MAINE LIPPE		GERS. M		3900 L			
IRIAL CREMA		-	DECREE		The second secon		
MOVAL (Spe	sify)	- /			OCATION (City	, town, or co	ountyl (Stotel
11:11-	-1-11-	1/CU.	LPPER NATI	DNAL CI	LPPER	10	
R 1 A 40		25B, NAME OF	FREGISTRAR	25C FUNERAL DIRECTO	-1000	0	ADDRESS
	DISEASE DISEASE LI his does not sort inknown) [II DISEASE LI his does not sort failure, as jury or cample AN ISEASES OR DERLYING THE DEATH DEATH DEATH OTHE DEATH TONTIBUTE ATH (notify me LINJURY PROX.) LI Certify the TIME LINJURY PROX.)	THER'S NAME Walter Lease Is Decessed Ever in U. S. Armed For or unknown) Uf yes, give war or date 5-17-17 to 3 DISEASE OR CONDITION DIR LEADING TO DEATH his does not mean the mode of earth failure, asthenia, etc. It means jury or camplication which caused ANTECEDENT CAUSES ISEASES OR CONDITIONS, if the lot he above cause IA) NDERLYING CONDITION fast. HER SIGNIFICANT CONDITION GOVEN IN PART ADATE OF OPERATION 198. CONTRIBUTING CONTRIBUTION, CONTRIBUTING CONTRIBUTION, CONTRIB	THER'S NAME Walter Lease Is Deceased Ever in U. S. Armed Forces? Is Deceased In U. S. Armed Forces. In June 19 19 19 19 19 19 19 19 19 19 19 19	THER'S NAME Walter Lease Is Deceased Ever in U. S. Armed Forces? To or unknown! Uf yes, give war or dales of service) 5-17-17 to 3-18-19 CAUSE OF DEAT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH his does nof mean the mode of dying, e.g., and failure, asthenia, etc. It means the disease, jury or camplication which caused death.) ANTECEDENT CAUSES ISEASES OR CONDITIONS, if any, giving to to the above cause IA) stating the NDERLYING CONDITION last. Chronic (B) DUE TO, OR AS CAUSE OF DEAT (A) IMMEDIATE CAL DUE TO, OR AS Chronic (B) DUE TO, OR AS CATCINO (C). Chronic (B) DUE TO, OR AS Carcino (C). (B) DUE TO, OR AS (C) (B) DUE TO, OR AS (SUAL OCCUPATION (Give kind of work) DE. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or fouring most of working life, even if relired) Steel Creasptown THER'S NAME Walter Lease 14. MOTHER'S MAIDEN N. Walter Lease 15. INFORMANT VA H. Security NO. 17. INFORMANT VA H. SECURITY NO. 217-10-18-68 Baltimore, Me CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH his does not mean the mode of dying, e.g., bot failure, a sthemic, etc. I means the disease, jury or camplication which caused death.) ANTECEDENT CAUSES ISEASES OR CONDITIONS, if any, giving to the above cause IA) stailing fine MDERLYING CONDITION IOST. CHOOSING OF STACKNEQUENCE OF: CHOOSING OF AS A CONSEQUENCE OF: CHOOSING OBSTRUCTIVE DIVISION OF AS A CONSEQUENCE OF: CHOOSING OBSTR	SUAL OCCUPATION (Give kind of work) De. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Siete or foreign country) unique most of working life, even if refired its proving most of working life, even if refired its proving most of working life, even if refired its proving most of working life, even if refired its proving most of working life, even if refired its proving most of working life, even if refired its proving most of working life, even if refired its proving most of working life, even if refired its proving most of working life, even if refired its proving most of life life. SCURITY NO. Baltimore, Maryland 21218 or or unknown life working life, even if refired its proving most of proving most of life life. SCURITY NO. Baltimore, Maryland 21218 or or most most most most most most most most	SUAL OCCUPATION (Give had of work) DOE RUSINESS OR INDUSTRY Steel Creasptown, Md. USA Creasptown, Md. USA Creasptown, Md. USA LA MOTHER'S MAIDEN NAME Walter Lease La Deceased Eve In U. & Armed Forest's or unknown) of year, give were of does of service) SECRITY NO. 217-10-18-68 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH In means the disease, and it means the disease, large or in the course death. ANTECEDENT CAUSES SEASES OR CONDITION S, if ony, giving to lot he teamwal to lot to be the clove course (A) sloting the NDERLYING CONDITION (SIX IN PART) LAN. DATE OF OFERATION [USA CONDITION FOR WHICH OPERATION WAS FRENDMICH CAUSES (C) ANTECDENT CAUSE (C) SEASES OR CONDITION FOR WHICH OPERATION WAS FRENDMICH CAUSE (C) CAUSE OF DEATH DISEASE OR CONDITION S, if ony, giving to lot he teamwal to lot to be the clove course (A) sloting the NDERLYING CONDITION (SIX IN PART) LAN. DATE OF OFERATION [USA CONDITION FOR WHICH OPERATION WAS FRENDMICH CAUSES (C) CONTENSITION CAUSE OF CONTRIBUTING CONTRIBUTING CONTRIBUTION (CONTRIBUTION) CAUSE OF CONTRIBUTION COURSE (C) ANACCIOPNI WAS UNDERLYING CAUSELY OF CONTRIBUTION (CONTRIBUTION) CAUSE OF CONTRIBUTION COURSE (C) ANACCIOPNI WAS UNDERLYING CAUSELY OF COURSE (C) ANACCIOPNI WAS UNDERLYING COURSE (C) ANACCIOPNI WAS UNDERLYING (C) ANACCIOPNI WAS UNDERLYING (C) ANACCIOPNI WAS U

634. S. Lehigh (sister's address) unable to get Permanent Address

H. 623	-00	HEALTH DEPARTMENT	NG 110	71 2393
BIRTH NO.	393 CERTIFICA	TE OF DEATH	REG. NO	
(Type of Print) Arthu Ellen	Hargett	3 - 4	HOUR OF DEATH	112115 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI		SCITY OF TOWN	Q+(mae D. INSID	itulian: residence belare admission) / 8 // 3 E CITY LIMITS?
Muluers H HOSPI) av	E. STREET AND NUMBER	- 1	YES NO
T W WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8-18-18 100	5-	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind al wark 10B. KINdane during most al working life, even if refired) House wise	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	caunityl	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Jumes Pr		14. MOTHER'S MAIDEN NAME Dela-B	urh Sial	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war at dates of sen	icel 16. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS Bolto.
(This does not meen the mode of dying, heart foilure, asthenio, etc. It means the distinguity or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it only, grise to the above cause (A) stating UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERM!	iving the (C)	A CONSEQUENCE OF: ALCOHOLOGICAL PLACE OF:	ali mober	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION I WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OR IF YES, WERE FIN N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, off elc.)	or obout 21 C. WHERE DID	(If In Boltimore (City, give exact location)
OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Not While At Work		OCCUR?	
22. I certify that (I) (this hospital) ettend that (I) (we) last saw the deceased alive	an 3-4-71	2-16-7 [19	71_ta3 in(my) (aur) apinio	an death accurred an the date
and haur and from the causes stated above 23A, SIGNATUSE 23C, PHYSICIAN'S MANAGE (Type)	DEGREE Phys	ew the bady after death.	23	3R DATE SIGNED 3 - 4-71
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify) 3-5-7/ 25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	C. NAME OF CEMETERY OF CREATER OF THE	1 =	Min City.	lown, or countyl (Stotel
MAR 1 0 1971 P. G. & E. 3	The same of the same	O Gers, 2, 52/	und F.H.	210, Fredrick Ave



DIRECTOR:

FUNERAL

M.H.

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

2:00A

If Under 24 Hrs.

NO

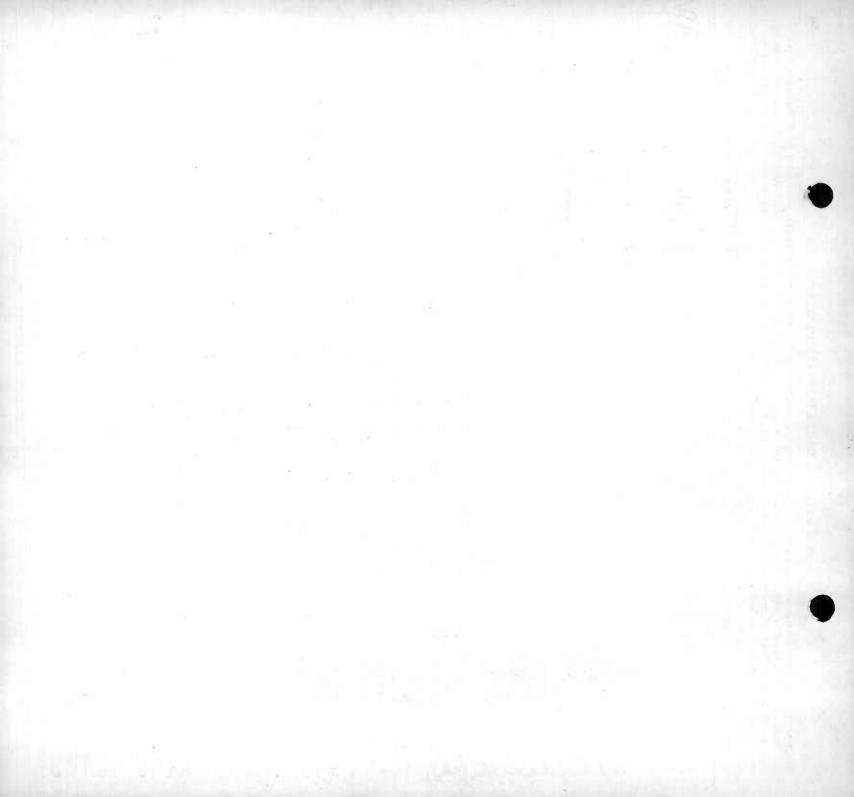
Hours

SETWEEN ONSET AND DEATH

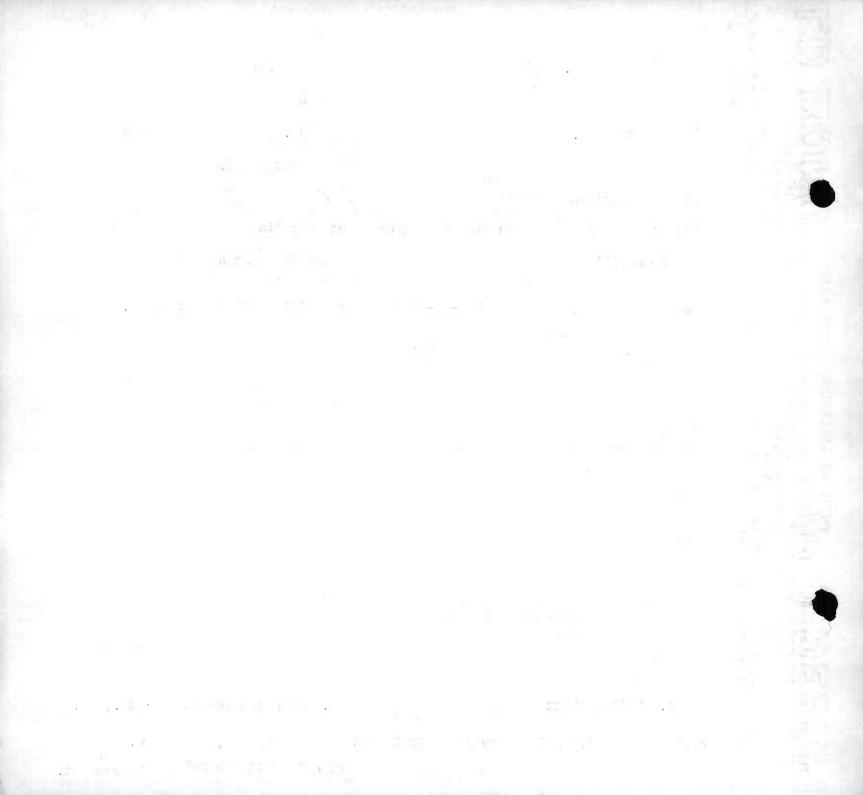
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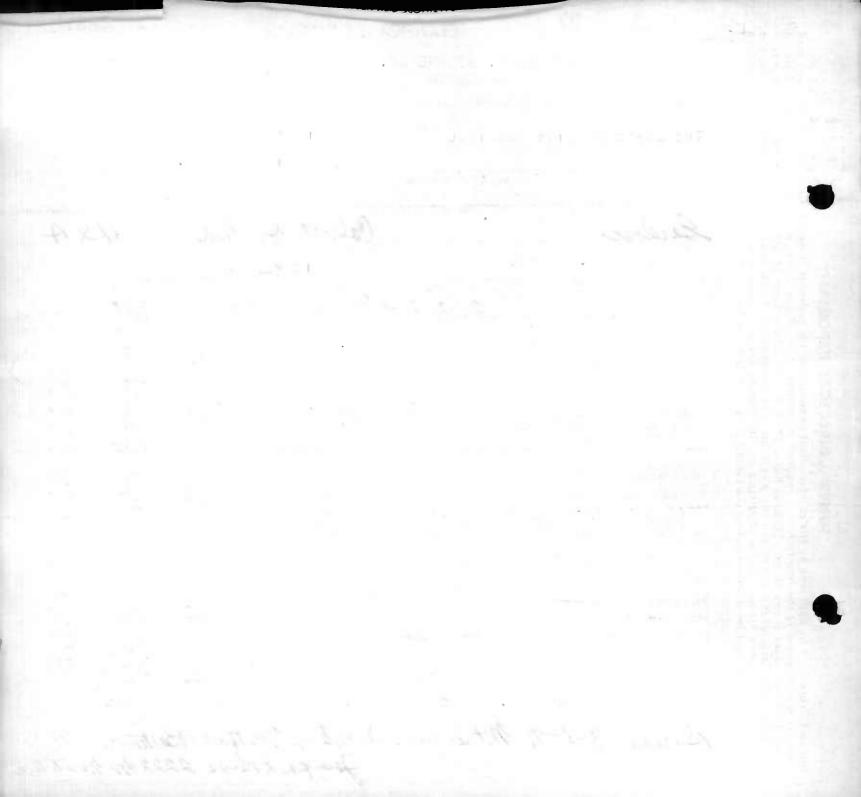


	BALTIMORE CIT	TY HEALTH DEPARTMENT	FM 9000
віятн но. 71 2396	CERTIFICA	ATE OF DEATH	. 71 2396
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF D	EATH
	HILL	3/8/71	
THEODORE N. 3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	A. STATE & COUNTY	d. Il institution: residence belora admission
FULL NAME OF (IF NOT IN HOSP ADDRESS OR LOG	TTAL OR INSTITUTION, GIVE STREET	Maryland	15/1
INSTITUTION			. INSIDE CITY LIMITS?
3708 Chatham Rd.		Balto.	YES 🖈 NO 🗌
00		E. STREET AND NUMBER 37.08 Chatham Rd.	
SEX 6. RACE A	7- MARRIED NEVER MARRIED		il Under 1 Yt., Il Under 24 Hrs
Male American	WIDOWED DIVORCED	9/16/1900 70	Months Days Haurs Min.
OA. USUAL OCCUPATION (Give kind of wo lone during most of working life, even if retired)) [11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTR
Plumbers Helper	Plumbing & Heatin	g South Carolina	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Hill		Ophelia Boston	
5. Wee Deceased Ever in U. S. Armed Fores, no or unknown) (if yes, give war or de	orces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
no	215-07-0351	Dora Hill 3708 Cha	tham Rd.
18. 11 10. 9	CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OR CONDITION D	NOECTI Y		BETWEEN ONSET AND DEAT
LEADING TO DEATH		8500 may 000 h	a M 10. 1 . 1. 1
(This does not mean the mode of	(A) IMMEDIATE CE		THAN THANK
heart failure, osthenia, etc. It mean	s the disease.	S A CONSEQUENCE OF:	
injury or camplication which cause	d death.)		
ANTECEDENT CAUSE	s o	45 B 25 6.12 08 6.19	0 10 311000
DISEASES OR CONDITIONS, IF	(8)	1.0 10 1 1 10 0 1 1	15 PIL 3 160M
rise to the above cause (A)		S A CONSEQUENCE OF:	
UNDERLYING CONDITION last,	(c)		
11			
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO	THE TERMINAL		
		120A. ALLTOPSY? (Yes or No.) 20B. IE YES W	VESE EINDINGS CONSIDERED
19A-DATE OF OPERATION 19B CO WAS PE	RFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, V	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 81 4 65 05 1411187 (-	to a large will be a large and a large will be	
OR CONTRIBUTINO CAUSE OF	home, form, foctory, street,	office bldg. INJURY OCCUR?	Itimore City, give exect location)
DEATH (notify medical examiner)	elc.)		
21D.TIME (Month) (Doy) (Year	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At No! Wh	ile 🦳	
	Werk L. At Work		
22. I certify that (1) (this haspite	al) attended the deceased fram	5-14 1908 10	3-5-71 19
that (1) (we) last saw the deceas	ed alive an 1 -4 -		opinion death accurred an the dot
· · · · · · · · · · · · · · · · · · ·			opinion death accurred an the do
	ated above. (1) (We) (dld) (dtd not)	Tlew the bady after death.	
23A. SIGNATURE			23B, DATE SIGNED
William Jon		hending Med. Staff Phys.	3/10/00
23 C. PHYSICIAN'S	DEGREE FI	23D. ADDRESS	1-1-11)
NAME (Type)			
Dr. William Wat			Balto., Md.
AA. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CE	REMATORY 24D. LOCATION	(City, town, or county) (State)
	71 Canyon Manainal	Park Laurel	Md.
Burial 3/12/	71 Carver Memoiral	Park Laurel,	ADDRESS
MAD 1 0 1074	20 80 3 d C. 3	Morton & Dyett Funera-	LaHome.
MAK I U 19/1	Also STE VALUE ACD	The roll of hater I alleld	OTYLaurens St.



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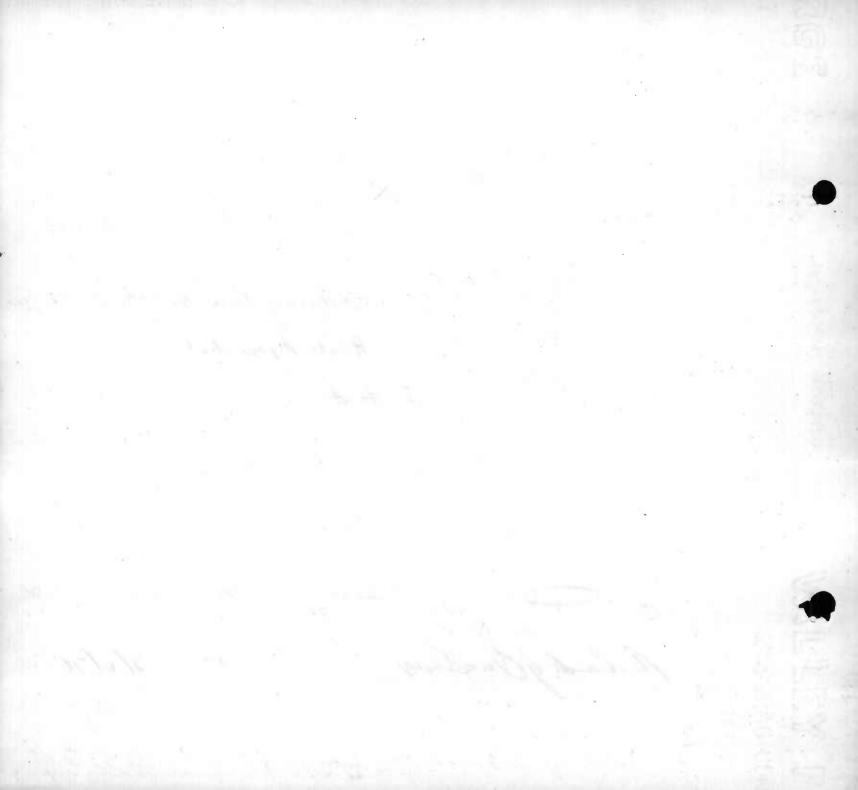
1 50 54 0-05	BALTIMORE CIT	HEALTH DEPARTMENT	
45071 2397	CERTIFICA	TE OF DEATH RE	EG. NO. 71 2397
BIRTH NO.	CERTITICA	TE OF DEATH	
1. NAME OF DECEASED (Type or Print) THOMAS	H. BOURNE SR.	2. DATE AND HOUR $3-2-$	OF DEATH
3. PLACE IN BALTIMORE MARTLAND, WHERE P	NONOUNCED DEAD	4. USUAL RESIDENCE (Where decease	d fived. If institution: residence before admission!
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSIDE CITY LIMITS?
THE JOHNS HOPKINS HE	LATIGO	BALTIMORE	YES X NO
3	011176	E. STREET AND NUMBER	
5- SEX	V-1	8 DATE OF BIRTH 19 AGE (In	
MALE NEGRO WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	9-24-99 last birthdo	71 Manths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINdone dusing most of working life, even if refired)	NO OF BUSINESS OR INDUSTRY	Palvert Pa , M	12, CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
EDWARD D. BOURNE		ANNIE Howeld	
15. Was Decoused Ever in U. S. Armed Farces? (Yes, no ar unknown) lif yes, give war or dates of ser	vice) SECURITY NO.	17. INFORMANT	ADDRESS
	217-20 2049	me Edgabate Bor	eme 2316 Whether live.
18. 038.71	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	35.020	- Bonal E. I.	
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	eose,		_
ANTECEDENT CAUSES	10 Gran	negative son	212
DISEASES OR CONDITIONS, il any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:	Balanca
rise to the above couse (A) stating UNDERLYING CONDITION tast.	(C)		
П	(-//		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING]
TO THE DEATH BUT NOT RELATED TO THE TERMI	(0.000000000000000000000000000000000000	100 A	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 190-DATE OF OPERATION 198 CONDITION 190-DATE OF OPERATION 198 CONTRIBUTE 19	1 0/	20A. AUTOPSY? (Yes or No.) 20B. IF IN CERT	YES, WERE FINDINGS CONSIDERED THYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g. in	or abofil21C, WHERE DID	f in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examined)	hame, farm, factory, street, of	ice bidg. INJURY OCCUR?	
21D.TIME (Manthl (Day) (Year) (Haud) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCC	U K?
(APPROXI	While At D Not While At Work		
22. I certify that (I) (this-hospital) attend		3 - / 19 7 /	10
that (1) (we) last saw the deceased alive	9 ~	/	(pur) opinion death occurred on the date
and hour and from the causes stated about	ve. (!) (#e) (did) (didiner) v	lew the body ofter deoth.	
23A. SIGNATURE	Man X Au	nding Med. Sheff of	238, DATE SIGNED
Alleno, Moo	DEGREE Phys	. Director Phys.	J-2-11
JOSEPH C	. Moore	TEE JOHNS HOPKI	NS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24	DEGREE		(City, fown, or county) (State)
REMOVAL (Specify) 2-8-71	mt Conheren (Emitre Meth	+ (Bath) mx
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ALE OF REGISTRAR	250 FUNERAL DIRECTOR	Mullimore) 11100
MAR 1 0 1971 Belle E.	Japen MA 0	graph Dillos	U 2222 on hout are
VS 150-REV. 1/1/68			



DIRECTOR:

UNERAL

VS 150-REV, 1/1/6B



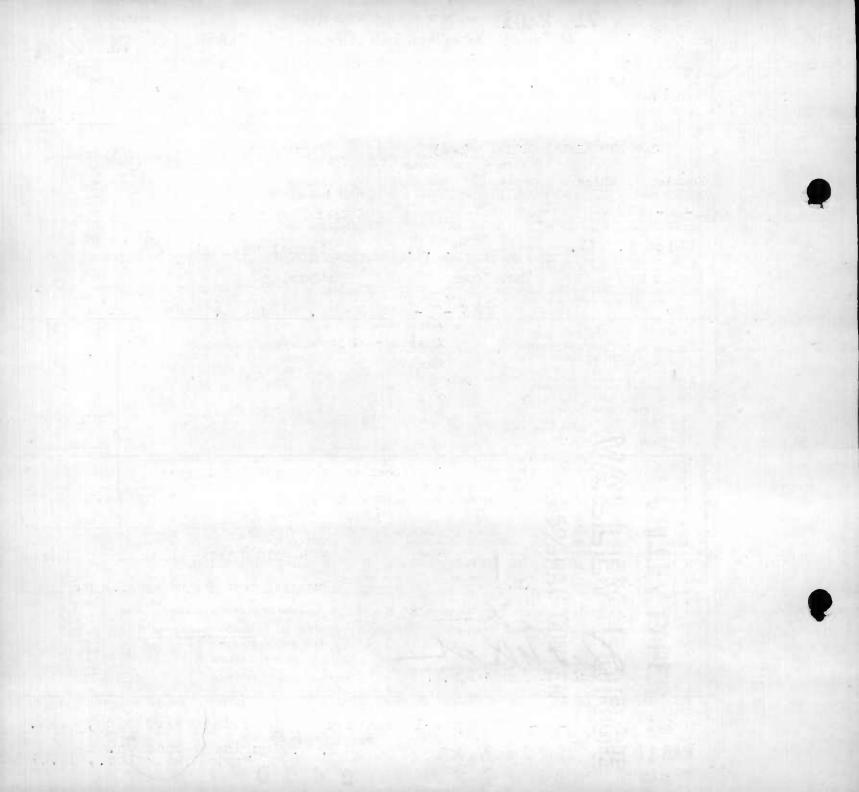
BIE	S-536 71 239		TE OF DEATH	REG. NO	71 2399
1. P (Ty	NAME OF DECEASED DR DERS DR LI	E ROY W.	Marc	HOUR OF DEATH	71 10:30 D M
FU	PLACE IN BALTIMORE, MARYLAND, WHÈRE PROJECTION (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	Mary land c. city or town Baltimore	D. INSID	titution: residence before admissional CITY LIMITS? YES NO
4	Union Memorial Hos	piral	E. STREET AND NUMBER 216 Goodal		
	Male White WIDOW		11-29-98 "	AGE (In years st birthdoy)	Il Under 1 Yr. Il Undor 24 Hrs. Months Doys Hours Min.
don	N. USUAL OCCUPATION (Give kind of work 10 B. KIN I ne during most of working life, even if refired) Retived - Dector - FATHER'S NAME	OF BUSINESS OR INDUSTRY MEDICINE	N. Carolin	ia	(AMEYICAN)
15	James Saunder		Theodosi		
(Ye	s, no of unknown) (If yes, give wor or doles of sorvi	16. SOCIAL SECURITY NO. 2 (2 -0.5-6676	MYS DOYO	thy Saun	ders some
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH		, 3500	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IThis does not mean the mode of dying, heart failure, asthenia, etc. It means the diserinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give	ring (B) My La	SETUMENTE OF: SUNCLES A CONSEQUENCE OF:	kemin	
	rise to the above cause (A) staling UNDERLYING CONDITION tost.	(c)		**********************	000000000000000000000000000000000000000
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG AL			
RTIF	19A-DATE OF OPERATION 19B CONDITION FOWAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. PLACE OF INJURY (e.g., Ir home, form, foctory, street, of etc.)	ice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
MEDI	21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Not While At Work	21F. HOW DID INJUR	Y OCCUR?	
10 1	22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive of		from a	71 to May In (my) (aur) opini	an death accurred an the date
	and haur and from the causes stated above				38. DATE SIGNED
24A	23C. PHYSICIAN'S NAME (Typo) TO LYU	MDoegree Phys.	Director Ph	emorial	Harrital
		NAME of CEMETERY OF CRE	Gardens 240. Loc		town, or countyl (Stotel
25A	MAR 10 9977 C. C. C. S. NAN	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS Co., Md. 2121



DIRECTOR:

FUNERAL

TO THE RESERVE OF THE PARTY OF



DIRECTOR:

FUNERAL

V\$ 150-REV. 1/1/68

THE STREET STREET

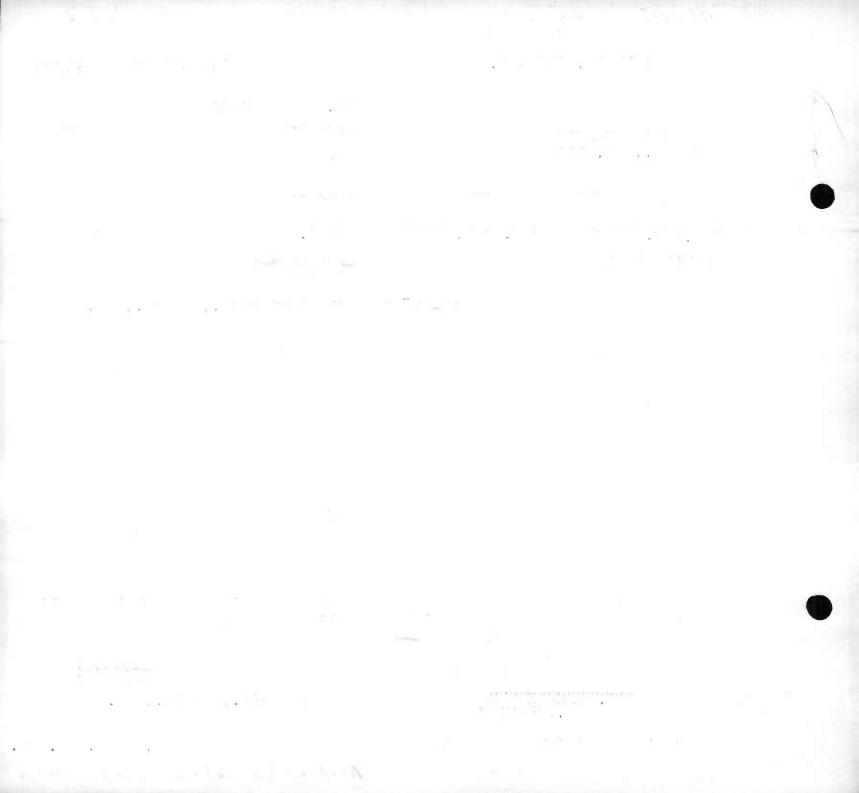
Bered St. 71 Belger and States State Deposit of All

DIRECTOR:

FUNERAL



BIRTH NO. 11 2404 CERTIFICA	ATE OF DEATH × REG. NO. 71 2404
(Type or Print) MULHERN, FLORA A.	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission of the state of the stat
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. WASHINGTON 7/00
ST AGNES HOSPITAL	BIG POOL D. INSIDE CITY LIMITS? YES NO KX
//BALTO., MD. 21229	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., II Under 24 Hr.
FEMALE WHITE WIDOWEDEN DIVORCED TO	lost birthdoyl Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
PRI REG. NURSE RET. REG. NURSE	PENNA. USA
LOUIS MIZELL	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Forces? 11.6. SOCIAL	ANNIE WATSON
O NO SECURITY NO.	ADDRESS
18. / 7 4 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P.
	A CONSEQUENCE OF:
injury or complication which caused death.) ANTECEDENT CAUSES	
(B) Dreas	A CONSEQUENCE OF:
rise to the above cause (A) stating the	A GOING OFF
1	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, sireet, detc.	n or about 21 C. WHERE DID (II In Baitimore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (this hospital) attended the deceased from	2/22 1971 to 3 4 1971
that (we) lost saw the deceased alive on 3 4	19 71 ond that In((aur) apinion death occurred on the date
and haur and fram the causes stated abave. (We) (did) (did not) v	lew the body ofter deoth.
23A. SIGNATURE	nding Med. Shaff Shaff
23C BUYCICIONE CULTURAL DEGREE Phys	And Med. Shaff Med. Director Phys. M. 03/05/7]
NAME TTypel XXX XXXX XXX XXXXX XXXXX	ST AGNES HOSP., BALTO., MD.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	
Burial 3/8/71 Rose Hill Cem	etery Clear Spring, Wash. Co. Mc
258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 1 0 1971 Page E. Farkey & B.O O	ROWARD CONCRA! Home GLOADS PAING



FUNERAL DIRECTOR: IMPORTANT

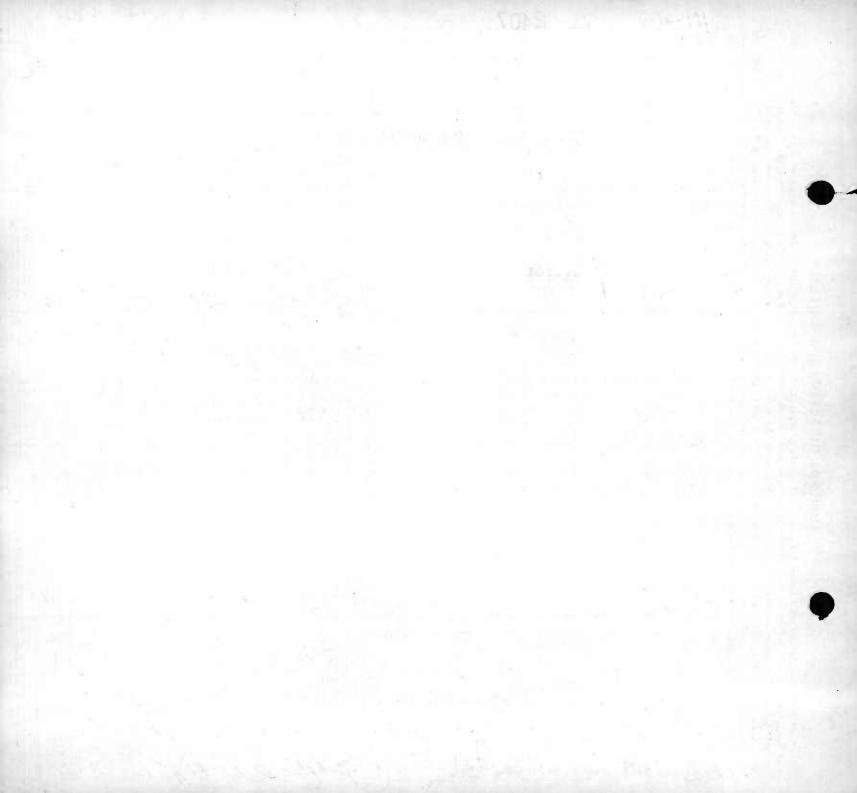
	8-400	71 2	2405		HEALTH DEPARTMENT	X REG. NO.	71 2405	
	RTH NO.	7 JL ~	400	CERTIFICA	TE OF DEATH	KEO. 140.	300	
(T ₁	NAME OF DECEASED	GEORGE	LEO BLEY		2. DATE A	ND HOUR OF DEATH	1640 P	,
	ERTIFIC	ATE	HERE PRONOUN	NOED	A. SIAIE	2/10.	DE CITY LIMITS	M.
1	7	Memo	rial	Hesp	E. STREET AND NUMBER 8415 BC	llona Auc	YES NO X	
	SEX 6. RACE	W	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 08/30/01	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Manths Doys Hours Mir	His.
do	ne during most of working life GUARD FATHER'S NAME	, even if retired)	BEN	1 ~ ,	11. BIRTHPLACE (Stole or for	Maryland	12. CITIZEN OF WHAT COUN	TRY?
	loha HAM	ilton	BIEN	•	14. MOTHER'S MAIDEN N	Inn Eck	nie Laurie Erek	
(Ye	Was Deceased Ever in Us, no or unknown) (If yes, g	. S. Armed For	ces?	SECURITY NO.	17. INFORMANT		ADDRESS	
	YES W	WI	2	17-05-1156	MRS. MILDRE	D C, BIEV	8415 BELOND	AIA
	DISEASE OR CO	NDITION DI	RECTLY	CAUSE OF DEATH	. 4		BETWEEN ONSET AND DE	
	(This does not mean heart failure, osthenia, injury or complication	the mode of	the disease.	(A) IMMEDIATE CAU		or yastro-s	Mestinal	10
		ENT CAUSES		remove	rage fortion.			
	DISEASES OR CONE	couse (A)	ony, giving slaling the	(c) DUE TO, OR AS	A CONSEQUENCE OF:	fali		м
NOIT	OTHER SIGNIFICANT CO TO THE DEATH BUT NO	RELATED TO TH	AE YEDMINIAL					
CERTIFICATION	DISEASE OR CONDITION 19A-DATE OF OPERATION 2 28 3/6	N 198 CON WAS PERI	DITION FOR WHI	Eviseration	20A. AUTOPSY? (Yes or N	O 208. IP YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	-
CAL	21A. ACCIDENT WAS U OR CONTRIBUTING C DEATH (notify medical e	AUSE OF	21 B. PL	ACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	(II In Boltimore	City, give exect location)	
MEDI	21 D. TIME (Manth) OF INJURY (APPROX.)	(Day) (Year)	(Hous) 21E, IN While Wask	At Work	21F. HOW DID IN.	URY OCCUR?		
	22. I certify that (I) (this hospital	attended the	deceosed from	2/13/71	19 21 to @3	109 197/	
	that (I) we Past sow			-5/09	19 7/ ond th	ot in (my) (our) opini	on death occurred on the d	ote
	ond hour and from the	couses stot	ed obove. (I) ((did) (did not) vi	ew the body ofter deoth.			
	SA SIGNATURE		THE	Alter	ding Med.	1	23B, DATE SIGNED	
'	23C. PHYSICIAN'S NAME (Type)	·Cite	The state of the s	DE GREE Phys.	Director L.J.	Shaff Phys.	3/7/7/	_
	Omar 0	. Crot	the crs	MO	1 min co	Pruorio (Hosio	
24/		24B. DATE	24C.NAM	E of CEMETERY OF CRE	MATORY 24D. L	OCATION (City,	, lown, or county) (Stole)	
	Burial	3-13-	1/ PAR	Kwand	PAR	KVILLE	md	
25A	AR 1 0 1971	Solve E.	SELECTION E. OF	GISTRAR O	25G. FUNERAL DIRECTOR		ADDRESS	_
V\$	150-REV- 1/1/68				IMPHE DUK 1D	KUDIS IOWS	UN FINC	=

VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



V\$ 150-REV. 171768

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L-450 71 2409		E OF DEATH	REG. NO.	1 2409
I.NAME OF DECEASED	CERTIFICAT			
(Type or Pant) HELEN E. KAL	HOUN	2. DATE AN	HOUR OF DEATH	(: 07 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (Where	docoosed fived. If ins	titution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N. GIVE STREET	MARYLA C. CITY OR TOWN	ND, BA	ALTIMORE 266
- FCHURCH LOME 8 40	CO.TA.	BALTIMORE		YES NO
35 CHURCH HOME & HO. 35100, N. BROAD WAY,	STIAL	E. STREET AND NUMBER		
5. SEX 6. RACE 7. MARRIED ET A	BALTIMORE	3617 E . A	FAYETTE	
WIDOWED WIDOWED	DIVORCED	SEPT 1, 1900	ost birthdoy) 6 2	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life, even if retired)	INESS OR INDUSTRY	, BIRTHPLACE (Stole or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE		N. JERSEY	•	Ata. CL. S.A.
13. FATHER'S NAME	1-	. MOTHER'S MAIDEN NAM	-	
FRANK POND	5	SARAH	GULICK.	
	SOCIAL SECURITY NO.	- INFORMANT		ADDRESS
	7-01-0938	Dr. SINGA	CHUZ	PITAL HOME &
18. 4/2 4	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	a.t.	T. 11 An.	A. O.	
This does not mean the made of dving a a	(A) IMMEDIATE CAUSE	CONSEQUENCE OF:	estine Ken	Attacke while
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	20,000	CHARGOLINCE OF:		
ANTECEDENT CAUSES	ASON	DA Am	- ble	ne are
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A	O A formation of: near an	***************************************	That
rise to the above couse (A) stating the UNDERLYING CONDITION tost	Laen	near any	cho is	
11	(6)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*************************	******************************		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE		20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FII	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF CEATH (notify medical examiner)	CE OF INJURY (e.g., in a rm, factory, street, affic	r about 21C, WHERE DID bldg, INJURY OCCUR?	(If In Baltimore	City, give exact location)
	JRY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While Al	Not While			
22. I certify that (i) (this hospitol) attended the de		2/13 19	71_to	3/2 10 71
that (i) (we) lost saw the deceosed alive on	3/7	101		on death occurred on the date
and hour and from the couses stated above, (1) (We	e) (did) (did met) via			
23A. SIGNATURE		Joseph of the decision	la la	23B. DATE SIGNED
Jymama of	Attendi Phys.	ng Med. S	hoff N	3/7/71
23C. PHYSICIAN'S NAME (Type)	DEGREE	- ADDRESS	11 00/	// / / /
WILMA B. MANIAGO	0	CHURMA	HILLE	{ hts 521711
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY of CREM	ATORY 24D. LOG	CATION (City,	town, or county) (State)
	wn (emetery	Balt	imore, Mary	uland
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF RE	GISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAR 11 19/1 UGSON & FREEZEM	AT	John H. Mora	~	, ,





25C. FUNERAL DIRECTOR OF . MOTOR ADDRESS

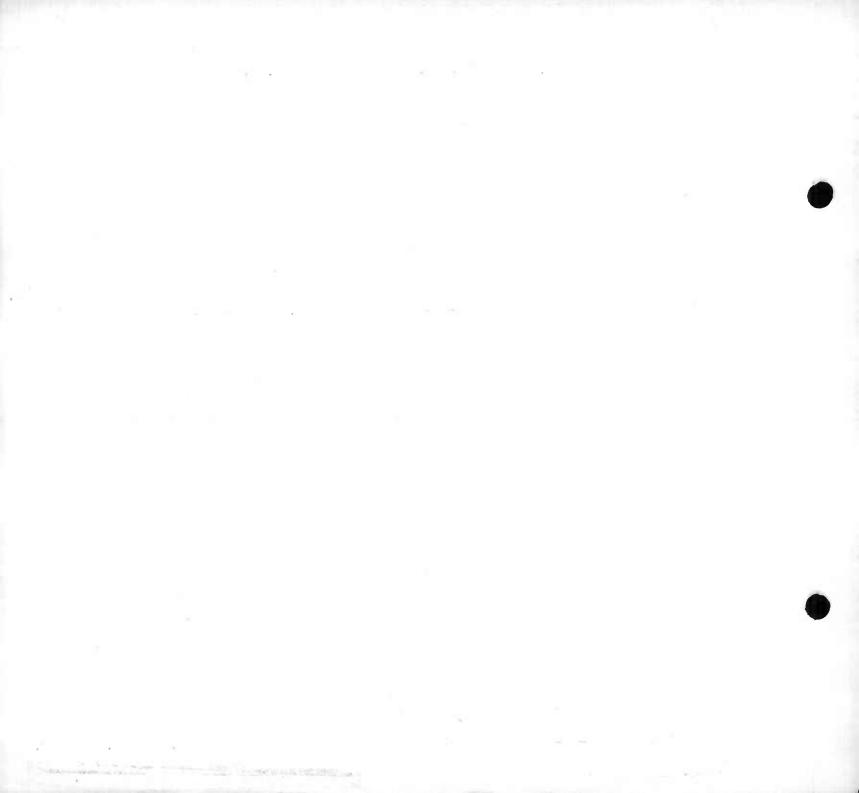
3000 E. Baltimore St Raltimore Md 21224

25A. DATE REC'D BY HEALTH DEPT.

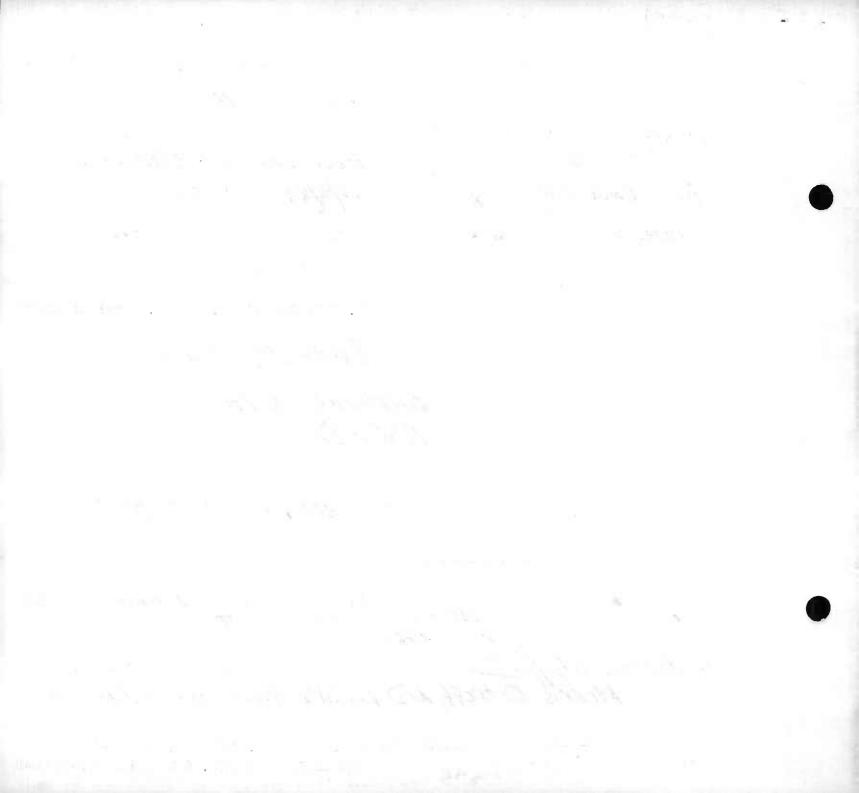
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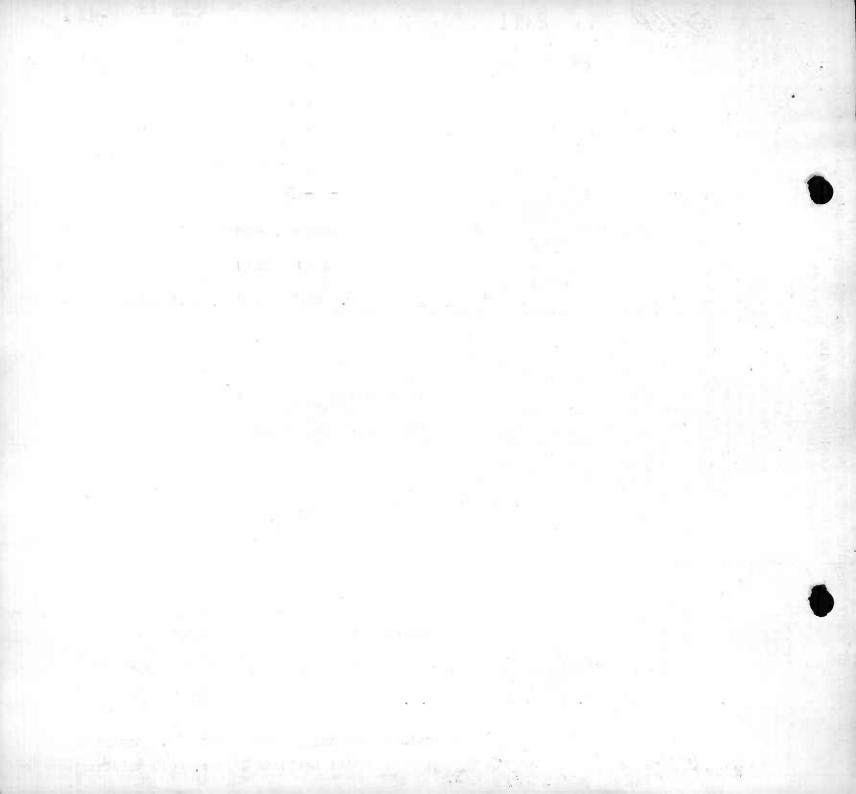
258 NAME OF REGISTRAR

14-465	2	71 2	2412	BALTIMORE CI			~	G. NO.	71 24	19
BIRTH NO.	EASED			CERTIFIC	AIEU		П			
Type or Printi	NILL	em a	HERI	CIA con			E AND HOUR C			
3. PLACE IN BAL	TIMORE MA	RYLAND, WI	ERE PRONC	DUNCED DEAD	4. USUA	L RESIDENCE	Where deceased	lived. If in:	stitution; residence b	efore admission
FULL NAME OF HOSPITAL OR NSTITUTION			L OR INSTI	TUTION, GIVE STREET	M	n b, c	Balto.	4-6.5	- 5	3-00
110 61			f	•		AUTIMOY	L.	D. INSI	DE CITY LIMITS?	
70 1	N. 6	FN	HOSP	ITA		T AND NUMB			YES 🔯 NO	<u>оП</u>
	9				>	0 1	ora s	L	Belt. M	1 -12
. SEX	6. RACE	7	MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (in	Vegrs	If Under 1 Ye. II	Linder 24 Hrs
A USUAL OCCI	UPATION (Give		WIDOWED		9/2	4/01	last birthdoy		If Under 1 Ys. II Months Doys H	
one during most of	working life, eve	on if retired)	OM KIND O	L BOSINESS OK INDOST	G III. BIKIF	FLACE (State of	foreign country)		12. CITIZEN OF W	•
Machinist			Marti	ns	1	nd.			USA	-
3. FATHER'S NA	ME				14. MOT	HER'S MAIDEN	NAME		<u> </u>	
Joh	n Ulric	ch				Timme D-	2020			
Was Dassard	Burn In II C	A A P	s?	1 6. SOCIAL	17. INFOR	Emma Ro	gers		ADDRESS	
es, no or unknown) No	ur yes, give	wor or doles	of service)	SECURITY NO.					21236	Ave
18.	42 52.			CAUSE OF DEA	Will	iam G. U	Irich, J:	r. 18	Fullerton	Heights
DISEASES OF STATE OF	CONDITION CONDITION	iuse (A) s N last, TIÓNS CONT LATED TO THE	RIBUTING TERMINAL (A).	(c)WHICH OPERATION		QUENCE OF:		S, WERE FI	NDINGS CONSIDER	RED
21A. ACCIDEN	T WAS HIND	EDI VINO	love			70				
OR CONTRIBU DEATH Inotify	TINO CAU	SE OF	hon elc.	PLACE OF INJURY (e.g., ne, farm, factory, street,	in or obout! office bidg.,	NJURY OCCUI	D (III I	In Boltimore	City, give exocl loco	tion)
21D. TIME OF INJURY (APPROX.)	(Month) (Do	y) (Yoor)		INJURY OCCURRED ILLE AT Not Wh		IF. HOW DID	INJURY OCCUP	17		
			Wo	rk L_ Al Worl						
				he deceased fram2	/>7		19 <u></u> ta	3/	7	19 -
that (i) (we)	last saw the	deceased	alive on_	0/+	19_	7 ! and	that In (my) ((our) opini	an death occurre	d on the date
and hour and	fram the ca	uses stated	obove. ((We) (did) (did nat)	view the b	ody ofter dea	th.	-		
23A. SIGNATUI	RE	P	An					1:	23 B. DATE SIGNED	
20	cyani (X. /	Elma	MR AH	ending	Med.	Staff Phys.		3/2/7/	
23C. PHYSICIAI	N'S ipel		/	DEGREE	23D. ADDR	Director L	Phys. 184		2/ 4/ 4/	
A. BURIAL CREA REMOVAL (S	AATION, 248.	DATE	24C, N	AME OF CEMETERY OF CE		241	LOCATION	(City,	, lown, or county)	(Stotei
Burial		-10-71	Ho	lly Hill Ceme	tome	- 1				200
MAR 11				DF-REGISTRAR	25C. F	UNERAL DIREC	137		Balto.	Md.
MILALI T	SOLE E. C.	AND AND AND	1		Das	sehn Fun	eral Home	71,01	Belair Rd	21236



S-220 71 24		TE OF DEATH REG. NO	71 2413
Type or Print April Syke	5	2. DATE AND HOUR OF DEATH	71 . 015 2
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROFULL NAME OF (IF NOT IN HOSPITAL OR IN		4. USUAL RESIDENCE (Where doceosed lived, If it A, STATE B, COUNTY Had	institution: residence before admission)
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR JOWN D. INS	SIDE CITY LIMITS? YES NO
91 Infirmars		E. STREET AND NUMBER 2808 QUANTIE	CO AVENUE XXXXXXXXXXXX
5. SEX 6. RACE WHITE WIDOW	VED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 8	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired) HOUSEWIFE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) LITHUANIA	12. CITIZEN OF WHAT COUNTRY?
HASKEL SAPERSTEIN		14. MOTHER'S MAIDEN NAME NAOMI ?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates at servi	NO	17. INFORMANT MRS. BEATRICE SNYDER, 3015	ADDRESS W CADDISON AVENUE
(This does not meen the mode of dying, heart failure, asthenia, etc. It means the dise injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I. (A)	ring (B) $\frac{B}{DUE 10, OR AS}$ (C). $\frac{ASC}{ASC}$	A CONSEQUENCE OF: A CONSEQUENCE OF:	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	Yes IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, off etc.)	or obout 21 C. WHERE DID (If In Boltimo	re City, give exoct location)
OF INJURY (APPROX.)	21 E. INJURY OCCURRED While AI	21 F. HOW DID INJURY OCCUR?	
22. I certify that (this hospital) attended that (n) (we) last saw the deceased alive (ed the deceased from	0 /	Moration 19 7/
and hour and fram the causes stated abave 23A. SIGNATURE	Atter	ew the body after death.	238. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) MORKIS OS	troff, MD?	3D. ADDRESS Helven Hom	o + Infixures
REMOVAL (Specify)	C. NAME OF CEMETERY OF CREATER	MATORY 24D. LOCATION (C	ity, town, or county) (Stote)
BURIAL 3-8-71 25A. MARCO IV 1971 DES. 25B. NAA VS. 150. BEV. 1/1/48	AE OF REGISTRAR.	AEL ANSHE SFARD, ROSEDALE, 25C. FUNERAL DIRECTOR SOL LEVINSON & BROS. 601	MARYLAND O REISTERSTOWN ROAD

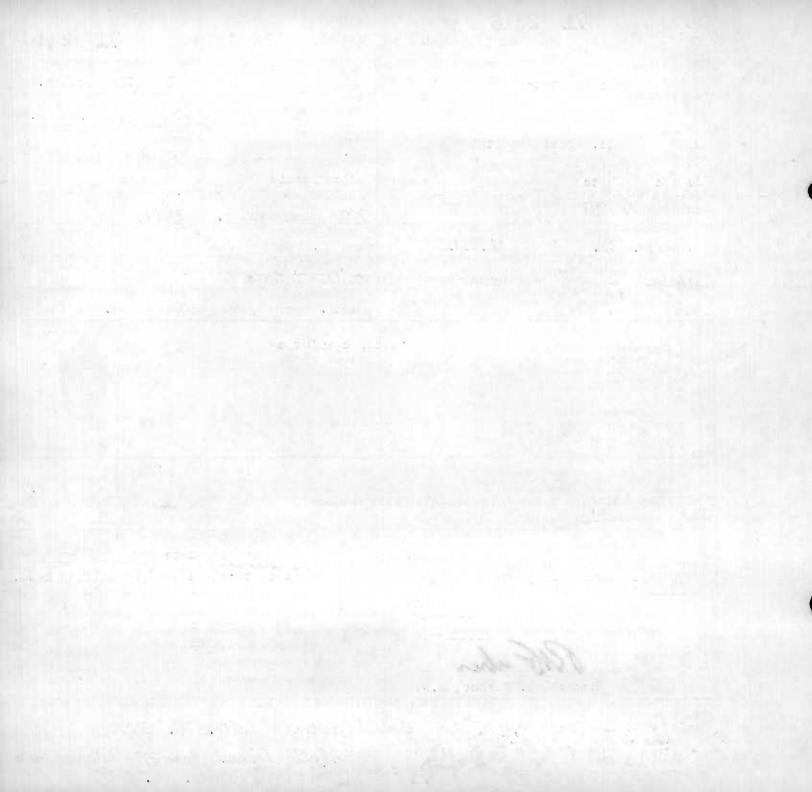




FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



DIRECTOR:

FUNERAL

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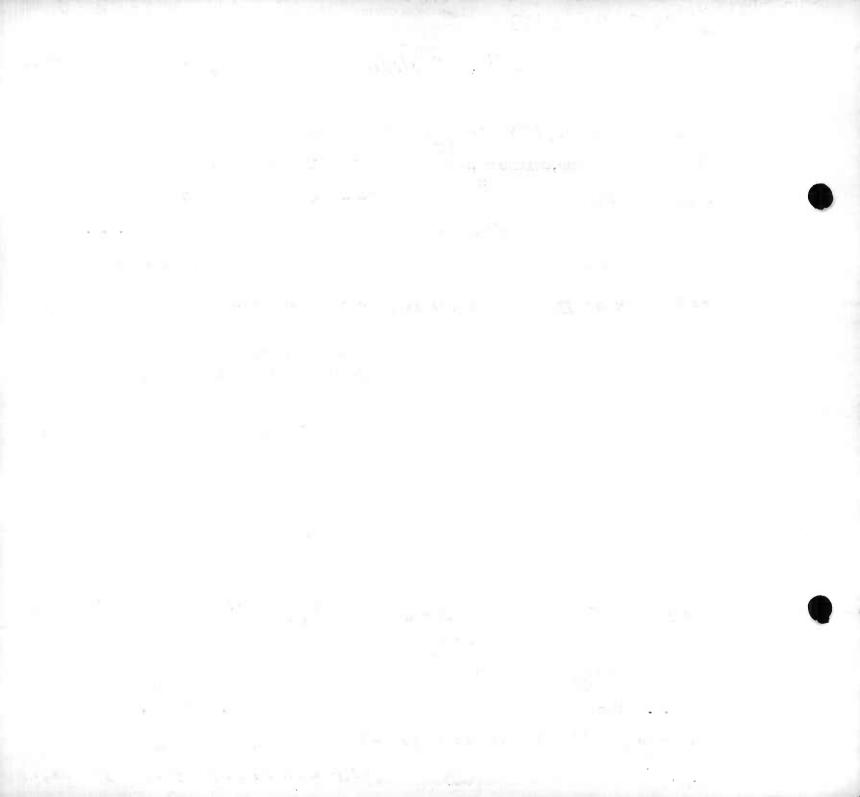
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VS 150-REV. 171768



FUNERAL DIRECTOR: IMPORTANT

C-365 71 2419		Y HEALTH DEPARTMENT		71 2419
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. No.	
T. NAME OF DECEASED RAYMOND =	CITRAN	O 2. DATE AND	HOUR OF DEATH	5 Pole AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE FROM	OUNCED DEAD	4. USUAL RESIDENCE IWRETE	deceated lived. Il insti	itution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI- HOSPITAL OR ADDRESS OR LOCATION)		Maryland C. CITY OR TOWN		2605 ECITY LIMITS?
BALTIMORE CITY	HOSPITALS 21224	Baltimore E. STREET AND NUMBER		YES 🔼 NO 🗌
4940 Eastern Avenue Baltimon		311 Folcroft St	reet 212	224
6. RACE 7. MARRIED WIDOWE	NEVER MARRIED DIVORCED	1-8-1924	AGE (In years st birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work IOB, KIND of done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign Maryland	Country)	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Charles			Mary 5	AIA
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give wor or doles of service)	16. SOCIAL SECURITY NO. 219-18-2671	17. INFORMANT Records: BCH-4940	Eastern Aver	ADDRESS
18.	CAUSE OF DEAT			
DISEASE OR CONDITION DIRECTLY	ONOTE OF BEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	ALDEMEDIATE CAL	CARCINOM	PAOF	~6mas
(This does not meen the made of dying, e.g. heart failure, asthenio, etc. If means the disease	DUÈ TO, OR AS	ISE CARCINOMI A CONSEQUENCE OF: 2006 WITH	7-7-7-7	-/57
injury ar camplication which caused death.)	•	LUNG WITH	METASIE	5/-3
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF:		*********
rise to the above cause (A) slating the UNDERLYING CONDITION task.	W.	VEVMONIA		w Imai
	(c)	020111010111		21100
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		0		-/2-
IO THE DEATH BUT NOT RELATED TO THE TERMINAL	Co	OPD		20 yrs.
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OFERATION	[20A, AUTOPSY? (Yes or No.)]	OR IF YES WERE EIN	DINGS CONSIDERED
WAS PERFORMED		20A AUTOPSY? (Yes or No)	N CERTIFYING CAUSI	S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 211	ne, form, fociory, street, of	n or obout 21 C. WHERE DID	(If In Boltimore C	ity, give exoct location)
O 21D. TIME (Month) (Doy) (Year) (Hour 2)	INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
= IOF INJURI	nile At Not While			
22. I certify that (1) (this hospital) attended t		7 - 134	r11	- 0
that (1) (we) last saw the deceased alive on	the deceased from	2 - 29 19.	//_ta	3 - 19/1
	2 0	19	in (my) (our) opinia	n death accurred on the date
and haur and fram the causes stated above.	We) (did) (did not) vi	lew the bady after death.		
23A. SIGNATURE	2)			B. DATE SIGNED
1. K. 1/102 a 11	DEGREE Phys	Med. Star	. ₩	3/9/7/
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS Baltimore	City Hospi	tals / 21224
R.K. Maza		4940 Eastern Aven		
24A. BURIAL CREMATION, 24B. DATE 24C. N	AME ef CEMETERY er CRE			lown, or county) (Stote)
	ACRED HEAD	RT BAL	cro. MD	
	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAR 1.1 1971 B. Ber E. F. B. B	er, A.D.	JJE KONNE	LL' SON	15 300 MACC
/\$ 150-REV. 1/1/68				



H-43/ 71 2420		THEALTH DEPARTMENT REG. N	o. 71 24 2 0
BÍRTH NÓ.	CLKTITICA	01 02/11/1	
1. NAME OF DECEASED (Type or Print) WARY HILDS	= BRALLOT	2. DATE AND HOUR OF D	DEATH 12:00 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROJ	NOUNCED DEAD	4. USUAL RESIDENCE (Where degeosed live	d. If institution residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUNTY	L TO 5300
350HURCH HOME:	1/0	E. STREET AND NUMBER	YES NO
	TOSPITAL	H8 KIVEKSIP	E KP.
WIDOW WIDOW		8. DATE OF BIRTH 12/31/03 9. AGE (In year light birthdoy)	If Under 1 Ye, If Under 24 Hr Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND lone during most of working life, even it retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTS
3. FATHER'S NAME		PIV.	1112.1.
THOMAS BEALL	•	14. MOTHER'S MAIDEN NAME LIZZIE RU	DRICK
5. Wes Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL	17. INFORMANT	ADDRESS
unce	SECURITY NO.	JOHN HILDEBRAN	LOT ABOL
18.	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Grace	diac arest + (L L CL
(This does not mean the mode at dying, e.	(A) IMMEDIATE CAL		100 many Junes
heart failure, asthenia, etc. It means the disease	se, DUE TO, OR AS	A CONSEQUENCE OF:	
injury ar complication which caused death.)	lean	DO OF AT	1. 1. 1. P. T.
ANTECEDENT CAUSES	(B) (SUV	4 chipme At	Mema march
DISEASES OR CONDITIONS, it any, givinse to the above cause (A) stating the UNDERLYING CONDITION last.	ha n	A CONSEQUENCE OF: Actus Welliture	Justerfine
41	(G)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	G NL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 198. CONDITION FOWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 12	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
OP CONTRIBUTING CAUSE OF	TB PLACE OF INJURY (e.g., i ome, form, foctory, street, of sic.)	n or obout 21 C. WHERE DID (If In B	olitmore City, give exact location)
E OF INJURY	Not While At At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended		2/25 19 7/ ta	3/7 19 7/
that (I) (we) last saw the deceased alive at	3/7/71	•	r) apinion death accurred an the da
and haur and from the causes stated above	(I) (We) (did) (did-net) v	lew the body after death.	
23A. SIGNATURE	M D Atte	nding Med. Staff Phys.	23R DATE SIGNED
23C. PHYSICIAN'S NAME Typel		Director Phys. Las.	1 440
AA BURIAL CREMATION 248 DAYE	HN(HGO DEGREE	MUKI A NO MI	5 & NOS/ITAL
44. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify) 3/CO/5/ H		MATORY 24D. LOCATION EMER BALTO	(City, town, or county) (Stote)
	E OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
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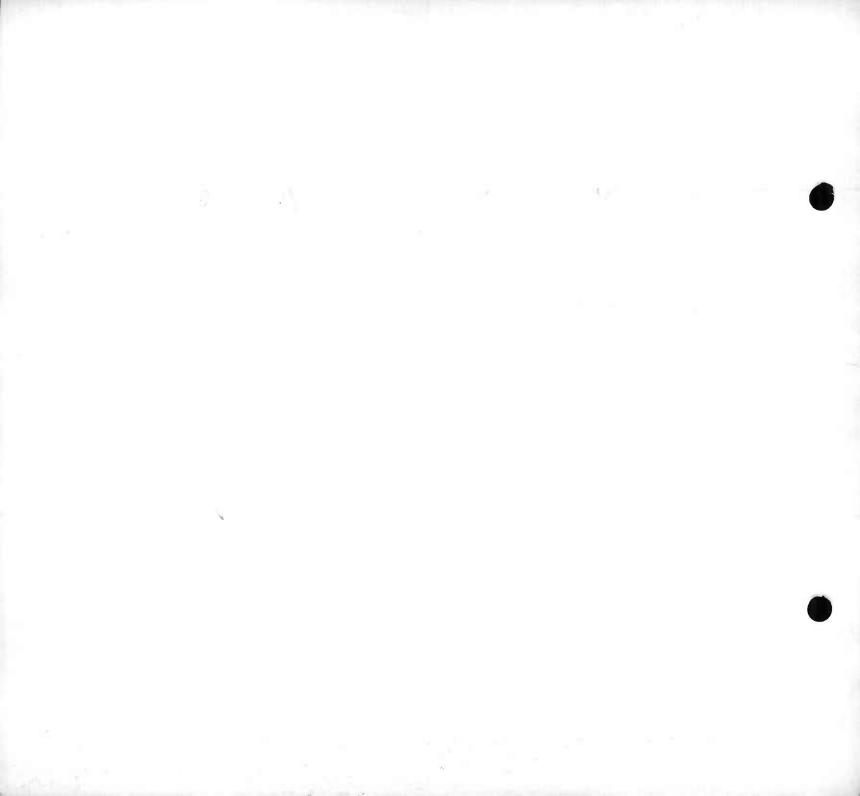
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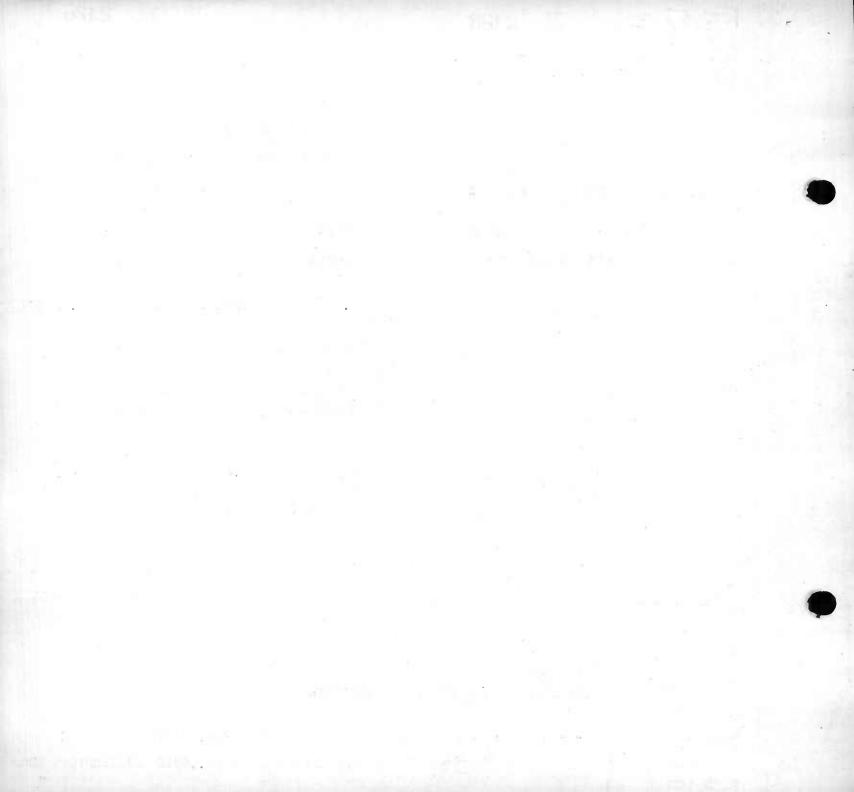
THE STATE OF DECLASED Continued Conti	7.57.05	B-655 71 2422 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 2422
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S. SEX ARRIED NEVER MARRIED D. DATE OF BIENT SATE OF BIENT NOT STATE OF BIENT N	hosy (5) (5) and	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION ADDRESS OR LOCATION) A. STATE 8. COUNTY May for b C. CITY OR TOWN D. INSIDE CITY LIMITS?
The control of the	0	Sinoi Hospital of Baltime STREET AND NUMBERS NO 10 10 10 10 10 10 10 1
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1.5 ANTHER'S MAME 1.4 MOTHER'S MAIDEN NAME 1.4 MOTHER'S MAIDEN NAME 1.5 SOCIAL 1.5 SOC	ath in dec	dane during most of working life, even it refired)
15. Was Oscassad Everlia U. S. Ammed Forces? 15. Was Oscassad Everlia U. S. Ammed Forces? 15. SECURITY NO. 15. Befly ROSS	# (4)	13. FATHER'S NAME
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DEATH (notify medical examines)	R th	WAS PERFORMED IN CERTIFYING CAUSES OF GEATH?
OF INJURY (APPROX.) OF INJURY	he ital	DEATH (notify medical examiner) home, form, foctory, street, office bldg., INJURY OCCUR?
that (we) last sow the deceased alive on 3 f 19 7 ond that In (we) (our) opinion death accurred an the day of the causes stated above. (We) (did) (did the cause) view the bady after death. 23A. SIGNATURE 23A. DATE SIGNED 23C. PHYSICIAM'S NAME (Type) 23C. PHYSICIAM'S NAME (Type) 23C. PHYSICIAM'S NAME (Type)	pp atu	[(APPROX.]
and hour ond from the causes stated above. (We) (dld) (dignot) view the bady after death. 23A. SIGNATURE Attending Med. 23C. Physician's NAME (Type) Attending Med. 23C. Physician's NAME (Type) Attending Med. 23D. ADDRESS Phys. 23D. ADDRESS Stoff Attending Med. 23C. Physician's NAME (Type) Attending Med. 23C. Physician's NAME (Type) Attending Med. 23D. ADDRESS NAME (Type) Attending Med. 23C. Physician's NAME (Type) Attending Med. 23C. Physician's NAME (Type) Attending Med. 23D. ADDRESS NAME (Type)	0 = = 0 0	The state of the s
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Attending Med. Steff 23C. Physician's NAME (Type) 1030LF0 S. Vic 7214 Attending Med. Director Phys. 23D. Address 23D. Address Manual Man	be ed	and hour and from the causes stated above. 4 (We) (dld) (distant) view the bady after death.
23D. ADDRESS NAME (Type) ROJOLFO S. VICTORIA SINGLE HOSPITEL & Baltoner	E de la	Lodold & Tribura 40 Attending Med. Stoff 4 3.8-71
DEGREE / / TT// TT/	was r An a A. at c prior	23D. ADDRESS RAME (Type) ROJOLFO S. VICTORIA SINGI HOSPITAL O Baltoner
E-MOVAL (Specify)	body vs: (1) D.O.A pased ten ag	Burial CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county) (State)
Burial 3/9/7 How zeon Thick Issue Better MAP 19 100 Resistant Son 9610 Reislandon VS 150-REV. 1/1/68	11	MAR 11 1971 Black & Jackey M.D. Sylvan Leura Son 9610 Reistastow



		11 12 13 13 15	TY HEALTH DEPARTMENT	4
	sed the tree	BIRTH NO. 70 -18/08 -440 CERTIFIC	ATE OF DEATH REG. NO. 74 2425	
	S B N	1. NAME OF DECEASED DAY OF DAY	2. DATE AND HOUR OF DEATH	
	of deat of deat Decease e on the	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2/15/71 11:00	PM
	5 0 0		A. STATE B. COUNTY	issian)
2	a hos cause se; (5) andanc to de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. /30=	3
	- 7.	INSTITUTION UNIVERSITY HOSPITA	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
	ting d cat r att prior		E. STREET AND NUMBER	
	buti buti ned lar d pr	5. SEX 6. RACE 17. MADDIST 17.	2300-20THW PL.	
	occurred in ontributing ermined ca regular at regular at is made.	MARKIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Manths; Days Haurs; N	4 Hrs.
	contributed in regulation is ma	Female Negro WIDOWED DIVORCED [10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	1 10/6/70 4:9	
	or c ndet ndet dec	done during most at working life, even il retired)	RY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COU	JNTRY
	de Un Un de	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
÷ :	nt if death direct or c l; (4) Undet th was in the decondition	OSCAR BASS		
Z		15. Was Decaased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war at dotes at service) SECURITY NO.	MARY WILKINS 17. INFORMANT ADDRESS	
1	the the dea dea nce c	(Ites, no ar unknawn) (It yes, give war ar doles af service) SECURITY NO.	ADDRESS	
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ä	par par	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	S A CONSEQUENCE OF:	******
OR	niner fractu o pro gular emba	ANTECEDENT CAUSES	THIC ENCEPHALOPATHY	
ECT	A A P P	DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF:	resolution
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	medical burns; physicia an was remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A)		
UNERA		DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED	
Z	7 - 70	WAS PERFORMED	20A. AUTOPSY2 (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
T 3		OR CONTRIBUTION OF THE OWNER OWNER OF THE OWNER	in or about 21 C, WHERE DID (If In Baltimore City, give exact lacation) affice bldg., INJURY OCCUR?	
2	whe do	DEATH (notity medical examiner)	and sign iteast accord	
3	hospita nature; ept whe d (6) No	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
- 3	M. U = 2	(APPROX.) Wark AT Not W	k 🚽	
		22. I certify that (K (this hospital) attended the deceased from	2/12 19 71 10 2/15 197/	_
	P. P	that (th (we) last saw the deceased alive on 2/15	19 71 and that in (mg) (our) opinion death accurred on the	date
- 3	A E D A =	and hour and from the causes stated above (t) (We) (did) (did not)		
	0.5 4 0		tending Med. Stoff No.	
8	9 2 5 5 5	23C. PHYSICIAN'S NAME (Type)	tending Med. Staff Phys. 2 2/15/77	
		DUNGHT N. FORTHER MD	14 NNV HOSP DA TO 115	
	Y So B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (State	77
	D.O. D.C.	BUTIA 1 2/28/71 Mt Calus-	1 13 H	7
	the body shows: (1) was D.O. deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	JCV.
F	₹ ₩ ₹ ₩ ∓ #	MAR 11 1971 Pelent E. Faber, M.A. O	16 B. Aktra Balt. mal	,
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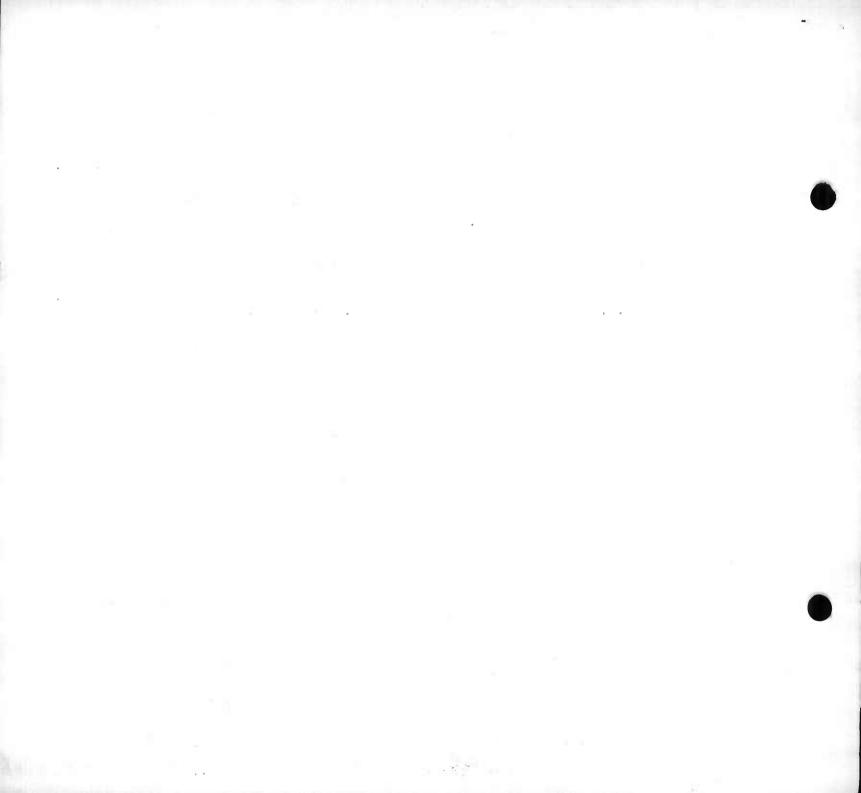


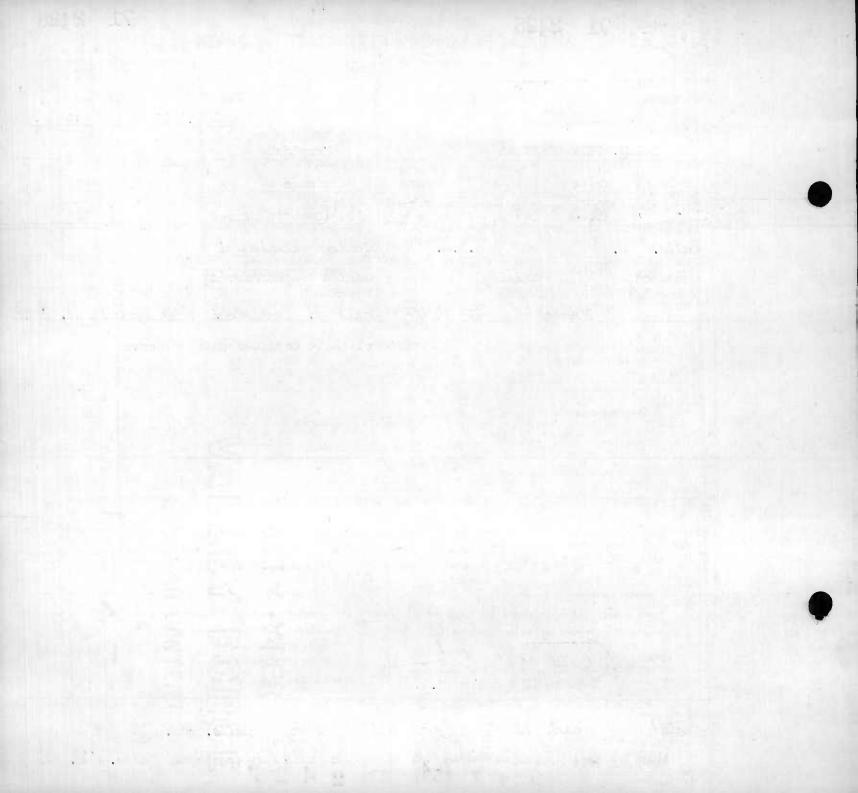
	AME OF DECE	ASED	CADAII	VDONCADD	2. UA	TE AND HOUR OF DE	EATH	
,,,		PANK KAYAKAKAKA		KRONGARD		3-8-1971		7:15 P
3. PLACE IN SATURAL MARLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			A. STATE B. COUNTY MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?					
9	1	Levind	ale		BALTIMO	BER	YES #210	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED			3501 OLYMPIA AVENUE #21215 B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hr					
_	FEMALE	WHITE	WIDOWE	DIVORCED [92	Mor	nths Doys Hours Min,
		PATION (Give kind of work orking life, even if retired)	108, KIND C	OF BUSINESS OR INDUSTRY		or foreign country)	12.	CITIZEN OF WHAT COUNT
	HOUSEWIE	E	AT	HOME	ROLAND			USA
3.		HARRIS FORS	SHLAGER		CHAVA	?		
5. (e:	Wos Deceased s, no or unknown)	Ever in U.S. Armed For (If yes, give wor or date	ces? es of service)	16, SOCIAL SECURITY NO.	17, INFORMANT			ADDRESS
	NO				MR. HARRY K	RONGARD, 350	1 OLYM	MPIA AVE. #2121
	(This does no heart failure, o injury or comp	EADING TO DEATH 1 meon the mode of sthenio, etc. It means dication which caused NTECEDENT CAUSES	the diseose deoth.)	(A) IMMEDIATE CAU DUE TO, OR AS	ISE Probable Pe A CONSEQUENCE OF:	enetrating P	eptic.	Ulcer days
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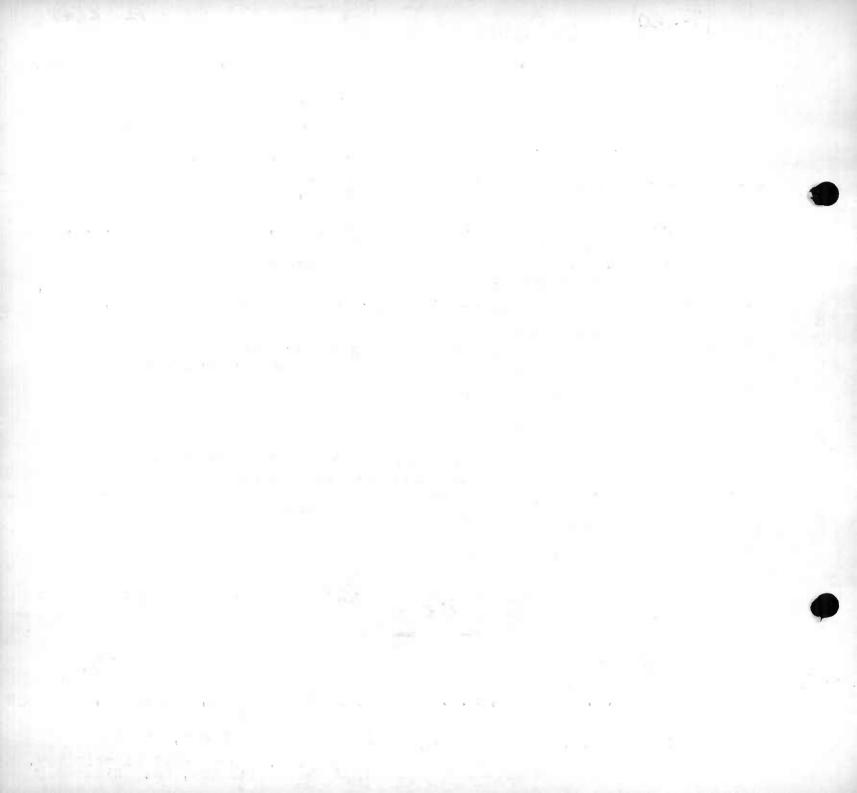
FUNERAL DIRECTOR:

	71 242 TH NO.50	BALTIMORE CITY CERTIFICA	TE OF DEA		71 2427
	Pe or Print)	EVIN	2. D	ATE AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE MARYLAND, WHERE PR		14. USUAL RESIDENC	3 05 7/	stitution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		A. STATE B.	Balto	5300
i iii	MAYLAND GENERAL HOSPITA	1	Balto	D. INSI	YES NO NO
[M]	INVENTO BENCHAL HOSTIL		E. STREET AND NUM	ABER	YES NO NO
2	7 0		7939	DUNAILL VILLA	66 CI , APT. 203
5, 5	MALE WHITE WIDOW	IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 73	Months Days Hours Min.
don	. USUAL OCCUPATION (Give kind of work 10B, KINI e during most of working life, even if refired) MANAGER GROC	ERY STORE	11. BIRTHPLACE (Stole	or loreign country)	USA
13.	FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
	JOSEPH LEVIN		ETTA	?	
15. (Yes	Was Deceased Ever in U. S. Armed Forces? i, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS APT. 203
	YES W.W. I		MPS DIVA	EVIN 7079 DUNU	APT. 203 ILL VILLAGE CIRCLE
	18. 2004	CAUSE OF DEATH	I KIVA L	LVIN, 7936 DUNII	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		1 101	100 - 1 1	SETWEEN ONSET AND DEATH
	LEADING TO DEATH [This does not meen the made of dying,			or Wall Infaration E	Pulmo Jew hour
	heort failure, asthenia, etc. It means the disernjury or complication which coused death.)	DOE 10, 01 101	CONSEQUENCE OF:	(
	ANTECEDENT CAUSES	1+	1 0 1	1 2	,
	DISEASES OR CONDITIONS, if any, give	ing (B) HT/EYTOSC LE	A CONSEQUENCE OF:	as cular disease	***************************************
	rise to the above cause IA) stating UNDERLYING CONDITION last	(c). 14.155 1 V	A CONSEQUENCE OF	JIABETES MEL	HON 2
< 1	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL CALLES	ME THY MA	SSIVE ANT. WAL	LINFARCTION 3
RTIFIC	19A-DATE OF OPERATION 19B CONDITION FO	OR WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
CAL	DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, aff elc.)	ar about 21C, WHERE INJURY OCC	DID (II in Baltimore UR?	City, give exact location)
	21D.TIME (Manth) (Day) (Year) (Haur) OF INJURY	21E INJURY OCCURRED	1	ID INJURY OCCUR?	
٢	(APPROX)	While AI While At Work			
-	22. I certify that (I) (Ihis hospital) attende	d the deceased fram,	3/3/71	19ta	15/21 10
	that (1) (we) last saw the deceased alive o	n 2/5/7/	19	and that in (my) (aur) apin	ian death occurred an the date
	and haur and fram the causes stated above	(1) (We) (did) (did not) vi	ew the bady after d	eath.	
	23A. SIGNATURE				23 B. DATE SIGNED
4	V-15 Kelifa	M.D. DEGREE Phys.	ding Med.	Shaff Phys.	3/5-/7/
	23C. PHYSICIAN'S NAME (Type) //CTOB R. FELIA		ALARYLI	AND GENERA	HOSPITA
24A	BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRE	MATORY	24D. LOCATION (City	, lown, or county) (State)
	BURIAL 3-7-71	ANSHE EMUNAH		BALTIMORE, MAI	RYLAND
25A.	DATE REC'D BY HEALTH DEPT. 258, NAM	E OF REGISTRAR	SOL LEVIN	ECTOR	D REISTERSTOWN ROAD
/S 1	50-REV. 1/1/68	7-2			

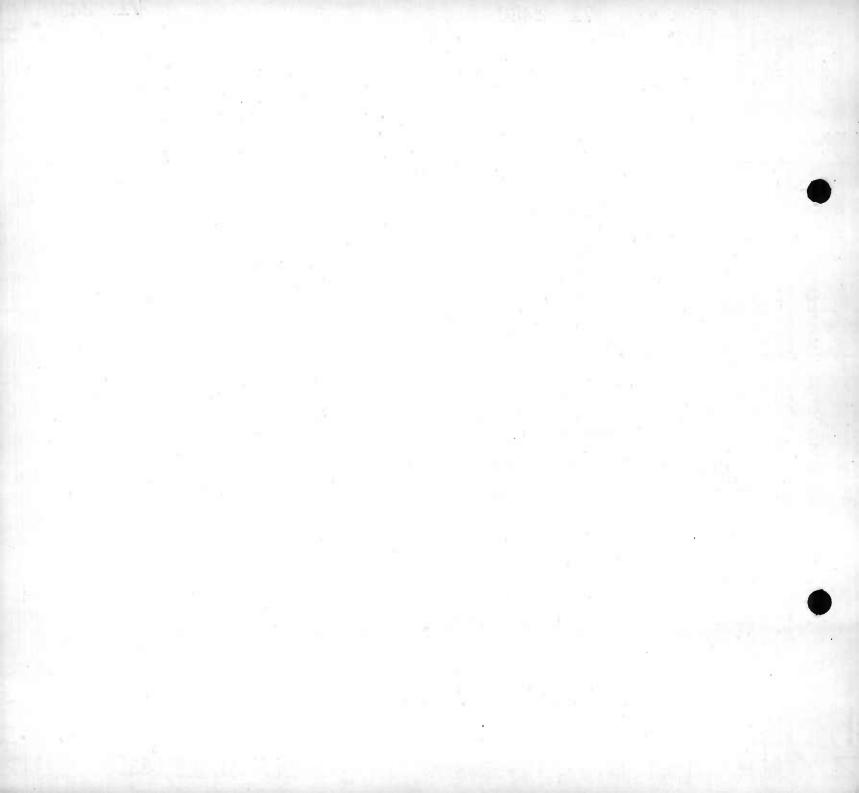




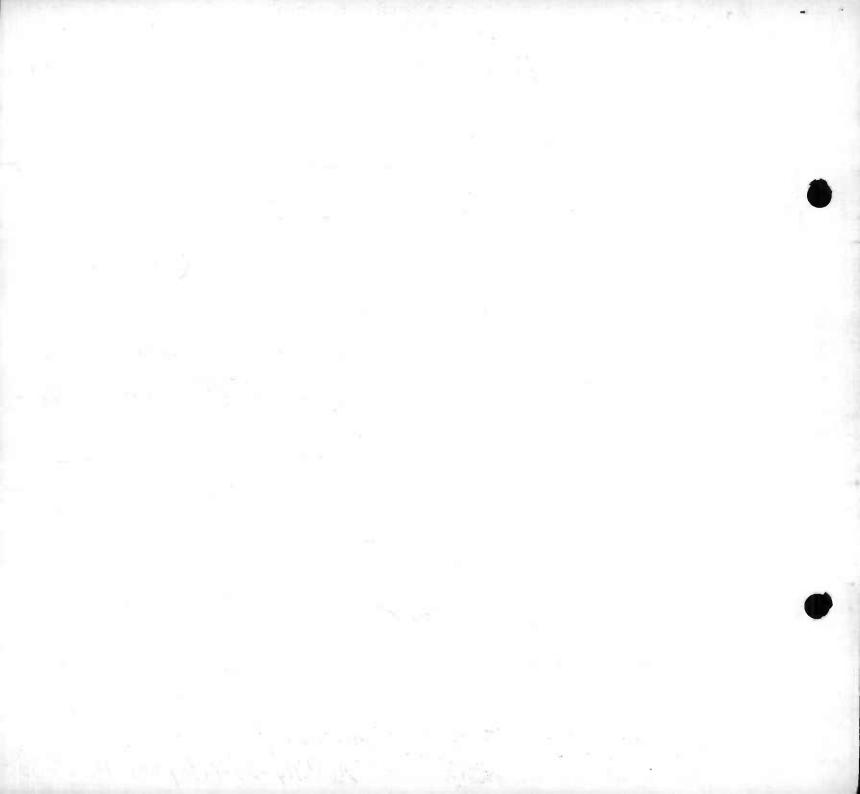
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VS 150-REV. 1/1/68



	-	BALTIMORE CITY HEALTH DEPARTMENT	2
	and sed the tre	BIRTH NO. 71 2431 CERTIFICATE OF DEATH REG. NO. 9/14	1 2431
	af and death ceased on the	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	11.30
	5 + 9 o =	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution	A residence before admission
	0 u 0	A. STATE / R. COUNTY,	A C C C
	2 20 0	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI INSTITUTION ID. INSIDE CI	TY LIMITS?
	S O O	HARDOR VIEW NURSING BALTINORE YES	
	P.E. 0 B.E.	HOME SCULA MINISTRA	1.2- 11
_	F 3 0 B B	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In vegs III L	Judge 1 Yu , II Under 24 Hrsa
	contribetermin	WIDOWED DIVORCED 10/3/ 1911 Tost birthdoy) Mon	iths Days Hours Min.
	th collecte	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA'CE (State of foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	or o	CASHIER W. VA	
	if dect (4) U (4) U the pos	13. FATHER'S NAME	11
Z	dir dis	15. Wos Deceased Eyer in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	124)
TA	istar he d kind deat ce o	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS
OR	f t d d d d	[18. 2 5 7] CAUSE OF DEATH	APPROXIMATE INTERVAL
AP	den fo	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
=	Als Als nou att	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE Carellos Vascular Carelos	3 met
ä	er. ctu pro pro	heart loiture, asthenia, etc. It means the disease, injury or complication which caused death.)	
5	fra o gc	ANTECEDENT CAUSES	3 - 74
ECT	xan xan y A wh wh	DISEASES OR CONDITIONS, il any, giving rise la lihe obove cause (A) stating the	
DIR	- C - C - C - C - C - C - C - C - C - C	UNDERLYING CONDITION last. (c) diabetts realistic	yeus
-	icc icc	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	reeus
RA	med med b b b b b b b an	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
NER	a a boody he he the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Ves or No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF No.) 20B. IF YES, WERE FINDING CAUSES OF No.) 20B. IF YES, WERE FINDING CAUSES OF No.) 20B. IF YES, WERE FINDING CAUSES OF NO.	GS CONSIDERED
5	A > 0	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or gloout 21C, WHERE DID	
	y the ital b e; (2) here No pl	OR CONTRIBUTING CAUSE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, foetery, street, office bidg., INJURY OCCUR?	give exect location)
	م ﴿ دُونَ وَ	21D. TIME (Month) (Doyl (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	ho ho de	While At Work At Work	
	the the an	22. I certify that (I) (this hospital) attended the deceased fram 19.7/ta	3/6 197/
	of of of of oh);	that (1) (we) last sow the deceased alive an 3/0 19 7/ and that in(my) (aur) opinion d	eath accurred an the date
	pin pin	and hour and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	
	36.02	238.0	PATE SIGNED
	ac acc	23C. PHYSICIAM'S NAME (Type) Attending Med. Stoff Phys. Director Phys. 23D. ADDRESS	3/1/11
	This certificate make body was releashows: (1) An accilonas D.O.A. at a Hadeceased prior to written approval	HLLAN 4. MACHT MD 2F Read ST BITS MI	1202
	P C O B B	24A. BURIAL CREMATION 124R. DATE 124C MAAR - COMPANY	n, ar countyl (State)
	This certil the body shows: (1) was D.O. deceased written a	BUKIH 1 3-10-7) HEADSVILLE CEMETERY KEYSER,	W. VAII
	This ce the bo shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	APDRESS DELITO
		VS 150-REV. 1/1/68	5 100 21335

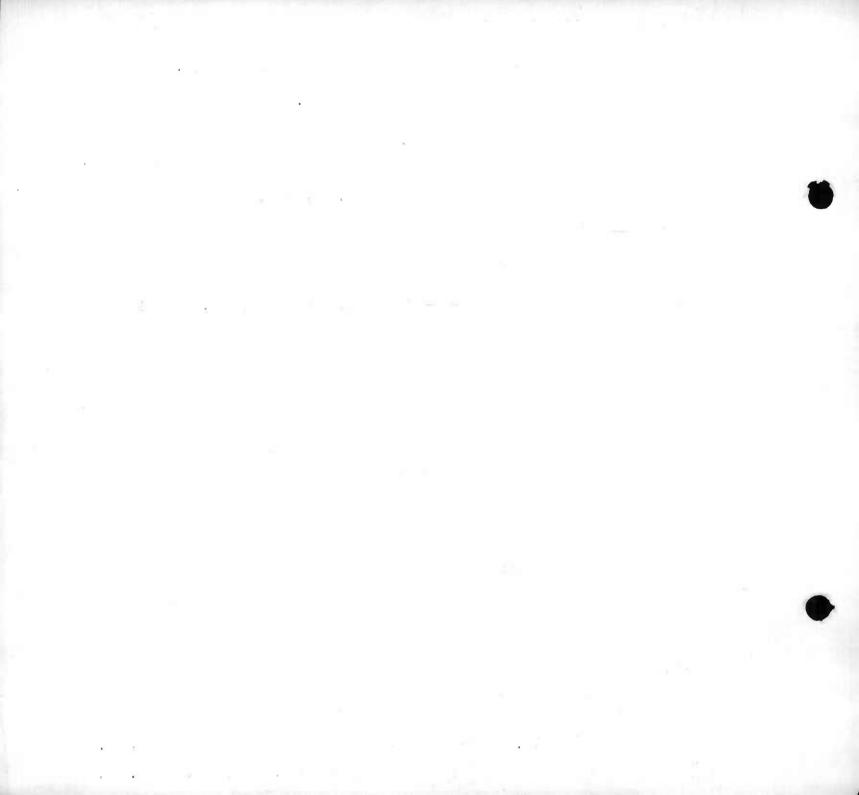


DIRECTOR:

FUNERAL

71 2432 4. USUAL RESIDENCE (Where deceased lived, II institution; residence belore admission)
A. STATE B. COUNTY D. INSIDE CITY LIMITS? YES 📂 2915 Hillcrest Ave. Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Mrs. Emily Schilling 8135 Pleasant Plains APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH erioselerotic Cardio Vasc. Disease + 304 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exect location) march and that In (my) (our) opinion death accurred on the date 23 & DATE SIGNED (City, town, or county) Baltimore, Md. Leonard J. Ruck, Inc. Balto. Md. 21214 VS 150-REV. 1/1/68

NO

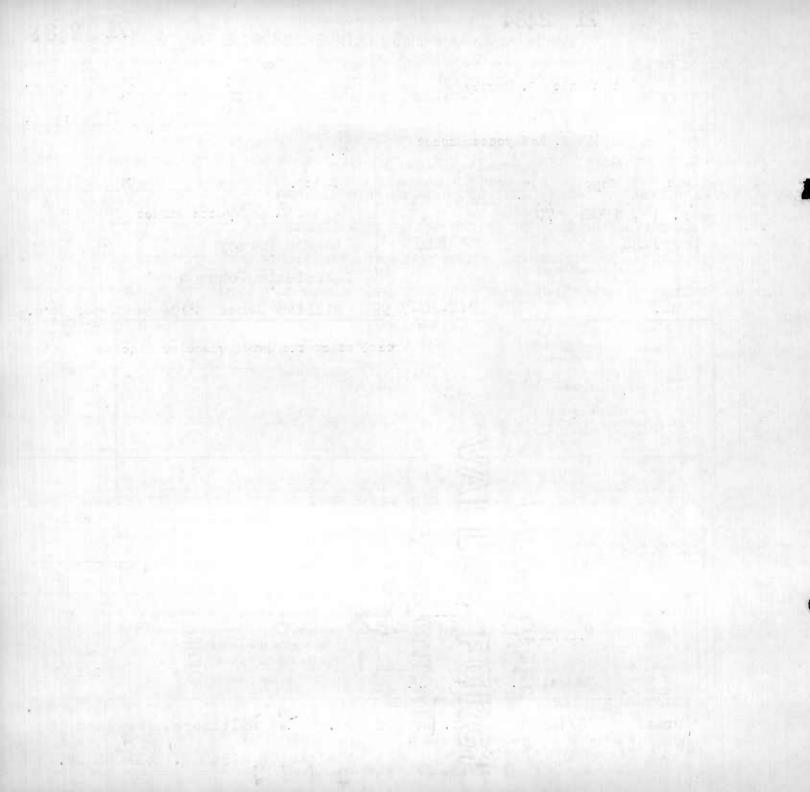


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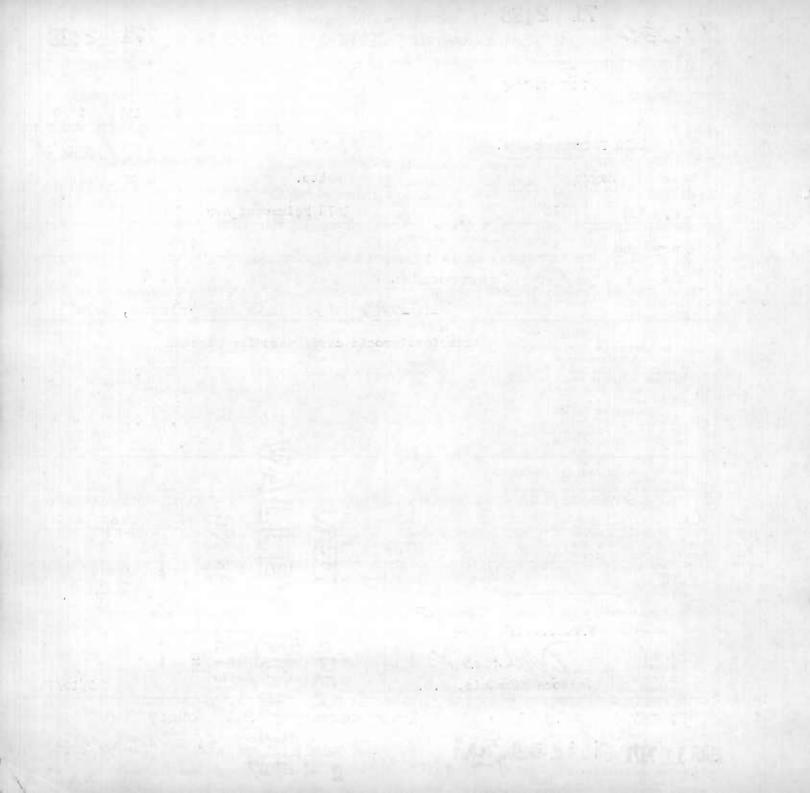
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105 0.00	BALTIMORE CITY	HEALTH DEPARTMENT	7	1 2436
6-425 71 2436	CERTIFICA	TE OF DEATH	REG. NO.	L 400
NAME OF DECEASED		DATE AN	ND HOUR OF DEATH	
Type or Print) Ghalson, Id	a.		-10-71	133/AN
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before admission
CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON. GIVE STREET	Maryland		802
NOITUTITE	1	C. CITY OR TOWN	D. INSIE	E CITY LIMITS?
33 Johns Hopkins H	ospital	Baltimore		YES NO
	0	E. STREET AND NUMBER	ttoman Day	wale Arraman
SEX 6. RACE 7. MARRIED		6. DATE OF BIRTH	tterson Par	
F WIDOWED EX	NEVER MARRIED DIVORCED	2/15/92	losi birthdoyl 79	Il Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
IA, USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
Hausewife		Virgin	ia.	
FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME	
(In. KNID (A) D)		Elsie Ha	rrison	
Was Deceased Ever in U. S. Armed Forces?	SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Sandy Pohn	SON-15/5	N Kallana I A
18. 44 3 3 1 4 8 6	CAUSE OF DEAT	- 4 Nay - 1101	3010 11 0 / 0	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			^	BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A) IMMEDIATE CAU	se Cardionesti	materix - He	wet
(This does not mean the mode of dying, e.g., heart failure, asthenia, efc. It means the disease,	DUE TO, OR AS			
injury ar complication which caused death.)				S FREE
ANTECEDENT CAUSES	(0)			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) Colo	nany Heteric	sulanoin	
ll l	(0)		-	
	rd C. A	Comin / Caron	ic Broweli	lin
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	6	Jan 1 0000	,	
19A-DATE OF OPERATION 198 CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED
21A. ACCIDENT WAS TINDEDIVING	CE OF INTURY (a - !	n or obout 21 C. WHERE DID	(16 to B alaterana	City when exact leasting)
	orn, foctory, street, of	fice bidg, INJURY OCCUR?	ur in bollimore	City, give exact location)
21D-TIME (Month) (Doy) (Yeor) (Hour) 21E IN.	Illey Occurre	215 200 215 22	IIIAX OCCUPA	
OF INJURY	JURY OCCURRED At T Not While	21F. HOW DID INJ	UKI UCCUR!	
(APPROX.) Work	At Work		Am	
22, i certify that (1) (this hospital) attended the	- 1		19 71 103.10	3/16 19
that (1) (we) last saw the deceased alive an	3 / 10	19and th	at in (my) (aur) apin	Ion death accurred an the da
and hour and fram the causes stated above. (1) (Y	fe) (did) (dident) v	lew the bady after death.		
23A, SIGNATURE	A 2			238. DATE SIGNED
Kanlie helle his	Back Bro Atte	nding Med. Director	Staff Phys.	3/10/n
23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS		
PAUL WHELTON MB	PUH BAODEGREE	JOHNS	HOPKINS HOS	P.
AA. BURIAL CREMATION, 246, DATE 24C. NAME	E of CEMETERY of CRE			y, town, or county) (State)
REMOVAL (Specify) 3-13-71		So	ath Hill	VA-
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF I	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
MAR 11 1971 P. G. B & Ja Box M		ELList	FUNGEAL 1	James 129Naml
MAKE SEL SELONG	040	7 7 6 1	-11001916	11-11-0110



MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 2437						
Diviti 140.							
1. NAME OF DECEASED (Type or Print) PHILLIP ROBERTS	2. DATE Knawn Manth Day Year Haur						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated M. 3. DATE Month Doy Year Haur						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD						
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3 9 1971 ' 7:15 p M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
3 / City Hospital	A. STATE Maryland B. COUNTY 8 06						
	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
male negro WIDOWED DIVORCED	Baltimore YES ☒ NO ☐						
19. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	123 23 140 2						
2-3-19/1 ast birthdoy) Months, Days, Hours, Min.	1730 N. Chester St.						
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME						
alrusa WHAT COUNTRY?	In known)						
14A.USUAL OCCUPATION (Give kind of work) 14B, KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME						
Self-Employed Junchonette	unknown						
16. WAS DECEASED EVER INVU.S. ARMED FORCES? (Yes, ng or unknown) (If yes, give was or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS						
gis W. W. II	Visla Conway Cabats -1 730N. Mesler						
CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH (This does not mean the mode of dying, e.g., DIFTO OR 4	AUSE Multiple injuris						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:						
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:						
(C)	***************************************						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes ar No)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	yes						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING FOR CONTRIB. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, afficial contributions).	in ar about 22C. WHERE DID (If in Baltimare City, give exact lacation)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., hame, farm, factary, street, affice Street 22D. TIME (Month) (Doy) (Yeor) (Haur) 22E.INJURY OCCURRED	yes in ar obaul 22C. WHERE DID (If in Baltimare City, give exact lacation) 5 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6						
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BIR	7-23 TH NO.	2	71 2 MED		BALTIMORE CITY HE EXAMINER'S			F DEAT	H REG. NO.	71	2438
	NAME OF DEC	EASED				2. DATE	Known 🗌	Month	Doy	Year	Haur
(IAL	e or Print)	1	BENNY CU	JSTUS		OF DEATH	Estimoted [М.
4.	PLACE IN BALT	IMORE, M	ARYLAND, W	HERE PR	ONOUNCED DEAD	3. DATE		Month	Day	Year	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF N	OT IN HOSPITA	L OR INST	TITUTION, GIVE STREET	PRONOUNCED DEAD 3 9 1971 2:10 p.m. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
(3 33	076 Fa	airmount	: Ave	•	A. STATE M		ere deceosed III	B. COUNTY	residence	802
6.	_	7. RACE		8. MARRI	IED NEVER MARRIED	C. CITY OR TO	NWN		D. INSIDE CIT	Y LIMITS?	
	male	neg	gro	WIDOW	VED DIVORCED	Bal	to.		YE	s 🕮	NO 🗆
9. [ATE OF BIRTH	1	10.AGE (In	yeors	If Under 1 Yr. If Under 24 Hrs.	E. STREET AN	D NUMBER				
	8/3/0	00	lost birthday	′)	Months Doys Hours Min.	1076	Fairmo	ount Ave			
11.	BIRTHPLACE (S		rign country)		12. CITIZEN OF	13. FATHER'S	NAME				
					TT WHAT COUNTRY?				???		
1 4 4	Maryla			4P KIND	OF BUSINESS OF INDUSTRY	/ 15 MOTHER!	AAAIDENI AI		* * *		
don	during most of w	orking life,	even if retired)	4B. KIND	OF BUSINESS OR INDUSTRY	NOTHER'S	MAIDEN N	AME	000		
	Cemer	A 22 0	nisher	. (Construction				???	-	
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCES	7 17. SOCIAL SECURITY NO.	18. INFORMA	NT		AD	DRESS	
(10	no	(II yes, give	wor ar dates o	or service)	226-09-72	b9 Mr	s Ann	ia Mae	Brisco	oe. S	ame
	19. 2./ /	04			CAUSE OF DEA		-				PPROXIMATE INTERVAL
TION	heort failure, injury or com AN DISEASES O	osthenio, e plicotion wh ITECEDEN OR CONDIT A80VE C	TIONS, IF ANY	diseose, th.)		AS A CONSEQUE					
CERTIFICATION	TO THE DEA	CONDITIO	ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TERMI	INAL						
ER	20A. DATE OF	OPERATIO	ON 20B. CON	DITION	FOR WHICH OPERATION W	AS PERFORMED				21. AUTO	PSY? (Yes or No)
O	0									no	
EDICAL	22A. EXTERNUNDERLYING		NTRIB-		22B. PLACE OF INJURY(e.g., home, farm, foctary, street, offic	in or obout 22C e bldg., etc.) INJ	WHERE DIE	D (If in Boltimo	re City, give exac	ci location)	
Σ	22D. TIME (OF INJURY (APPROX.)		(Doy) (Year		WHILE AT NOT	WHILE CORK	HOW DID	INJURY OCCI	UR?		
	23.			_							
	I certi	fy that I	held an I	nquiry L	Inspection K Au	tapsy 🔲	and that an	this basis,	death in my	apinlon	
	result	ed from:	Natural caus	ses X	Accident Suicid	le 🗌 Hami	cide 🗌	Undetermi	ned manner		
	ACTUA	_ /	N	mile	ald A M.D	ASSISTA	NT MEDICA	L EXAMINER			DATE SIGNED
	EXAMINE NAME (T	- 1	Isidore	Miha	alakis, M.D.	ASSOCI	A IE MEDICA	L EXAMINER			3/10/71
24. RE	A. BURIAL CREM MOVAL (Special DUTTA	AATION,	24B. DATE 3/13/		24C. NAME of CEMETERY	or CREMATORY		D. LOCATION	(City, town County		
25/ [A	R 11 19	BY HEALTH	BELL E	258 N	AME OF REGISTRAR	25C. FUI	VERAL DIRECTOR	CTOR Halst	ead 12	ODRESS	Nort Ar



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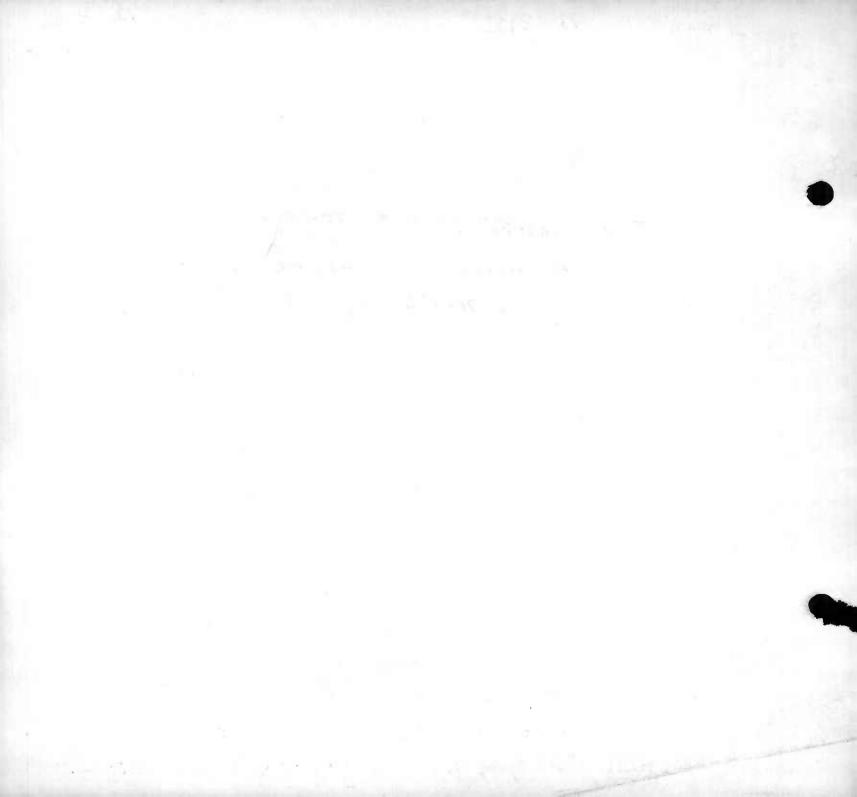
to a votament of the measure of the matter of the -11-11- Rendrond Rendrond Marchanet Combons, N.

1)-420	1		244(ICAL		ALTIMORE CITY HI			F DEAT	'H REG. NO	71	2440
1. N	NAME OF DEC	EASED	JOHN	BLACK	ζ.		2. DATE OF DEATH	Knawn Estimated	Month	Day	Year	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION							3. DATE PRONO	UNCED DEAD	Month 3	Doy 9	1971	3:20 p _M .
	42 :		lospita	1			A. STATE	esidence (who	re deceosed li	B. COUNTY	15	efare admission)
6. S		7. RACE				NEVER MARRIED	C. CITY OF			D. INSIDE C		
	male	negi		WIDOW		DIVORCED		1timore		Y	ES E	NO
16	=18=38	rk,	last birthdg	2	Months	Doys Hours Min.	40	61 Anne H	Ellen R	d.		W- 14
н.	BIRTHPLACE (S	late ar fareig	gn cauntry)			ZEN OF AT COUNTRY?	13. FATHER	'S NAME				
1.44	Spring	Grove	. Va.	140 PINED		U. S. A.		ew Black	1115			
	during mast of w			I 40. KIND	OF BU	SINESS OR INDUSTR		-				
14	WAS DECEASE	ED EVED IN	II S ADMED	FORCES	? 117	. SOCIAL	IB. INFOR	stine Mo	ore		DDRESS	
(Yes	, no or unknown)	(If yes, give	war ar dales	of service)	, ,	SECURITY NO.						
_	19.	V 25 P				CAUSE OF DEA		tine Kine	9 5	300 Way		ROXIMATE INTERVAL
	(This daes no heart failure	LEADING TO al mean the , osthenio, etc	DITION DIRECT DEATH mode of dy It means the ch caused dec	ing, e.g., disease,		(A)IMMEDIATE DUE TO, OR	CAUSE MU AS A CONSEC	ltiple ir	njuries			
NO.	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						AS A CONSE	QUENCE OF:				
CERTIFICATION	TO THE DEA	CONDITION	II NDITIONS CO RELATED TO GIVEN IN PA	THE TERM	NAL	•						
	20A. DATE OF	OPERATIO	20B. CON	MOITION	FOR WI	HICH OPERATION V	AS PERFORM	NED			21. AUTO	yes
MEDIC	UNDERLYING UTING CA 22D. TIME (OF INJURY (APPROX.)	USE OF DEA	TRIB- ATH. Day) (Year) (Hour) 22E.		ce bldg., etc.)	NJURY OCCUR? Park Heig 22F. HOW DID II	hts &	ColdSpr:	ing Lan	e 1513
		JREER'S	eld on latural cau	rhac	Acc Land hala	Suice Suice M. Suice M. M. M. M. D.	O. ASS	amicide CHIEF MEDICAL STANT MEDICAL DCIATE MEDICAL	Undetermi EXAMINER EXAMINER	deoth in my ined manner		DATE SIGNED 3/10/71
	. BURIAL CREM		24B. DATE		24C.	NAME of CEMETERY	or CREMATO		, LOCATION		n, or county)	
	urial		3-13-7	1	В	raxton Ceme				Grove,		а
25 A	MAR 1	BY HEALTH	Robert		AME O	F REGISTRAR	25C. MC	FUNERAL DIRECTOR & D	yett F.	н. 170	ADDRESS ILaure to, Md	ens St.

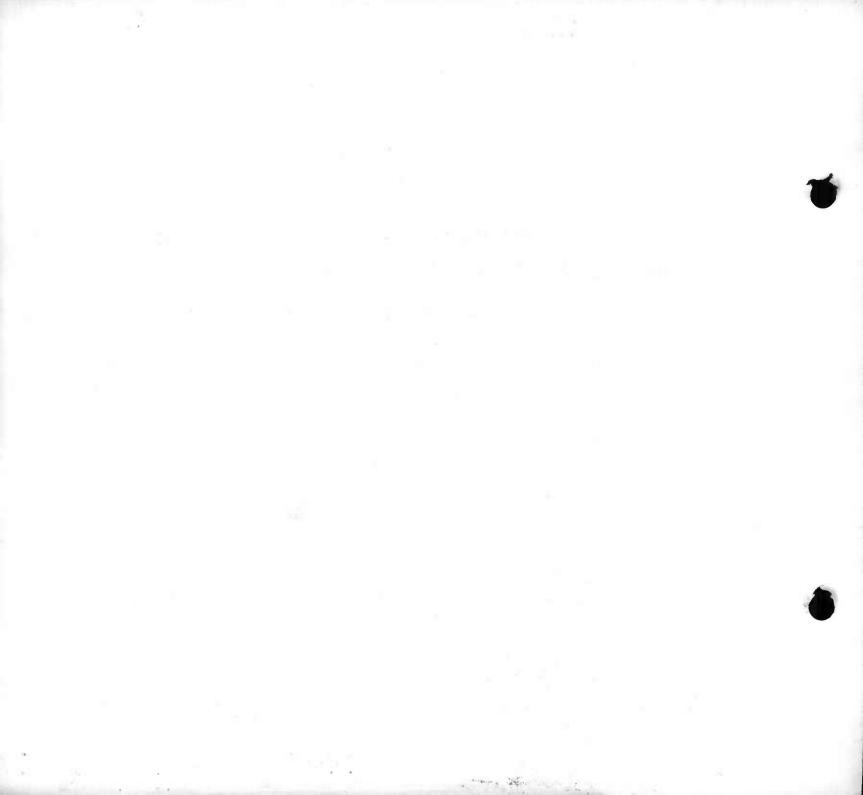
man was proved once to contract the contract that

and the many PATA . A Second Stranging of the control of the party of the control of the control

вити по. 640 71 244	CERTIFICA	TE OF DEATH	Registered No	71 2441
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) HARVEY, A. //	MARLEY	2. DATE AN	D HOUR OF DEATH	1030 AM
FULL NAME OF OF Oddress or lacotion) HOSPITAL OR ODDRESS OF LACOTION MARYLAND GENERAL BALTO MA. 21:		C. CITY OR TOWN (If out:	TY	URAL and give fownship)
M Can Will	DWED, DIVORCED (specify)	9/24/97	9. AGE (In years lost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	MOERWRITER	11. BIRTHPLACE (Stole or forcing the stole of the stole o		12. CITIZEN OF WHAT COUNTRY?
FAMES A. M 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no prunknown) (If yes, give wor or dotes of serv	PARLEY 116. SOCIAL	HELEN	A. SA	VIN B. MARLEY AME)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which coused death.) ANTECEDENT CAUSES	CAUSE OF DUE TO BUE TO	onchapne liculaenda		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if ony, ginse to the obove couse (A) sloting UNDERLYING CONDITION tost. 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	DUE TO iving Ihe (C)		77. 77. 397	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, off etc.)	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Not Work	21F. HOW DID INJU	URY OCCUR?	7/
Burial 3-12-71	on 3/0 ve. (I) (We) (did) (did not) vi Alter Phys AC. NAME of CEMETERY of CREE Greenmount Ce	nding Med. Director Director Date of the body ofter deoth. Med. Director Director Date of the body ofter deoth.	Stoll Phys. Hosp By Ocation (Circle) Baltimore,	19 19 23B. DATE, SIGNED 3//0// 19, town, or county) (Stote) Md.
CA DATE SECIE BY HEALTH-DEST	ME OF REGISTRAR	H. W. Jenk		ADDRESS

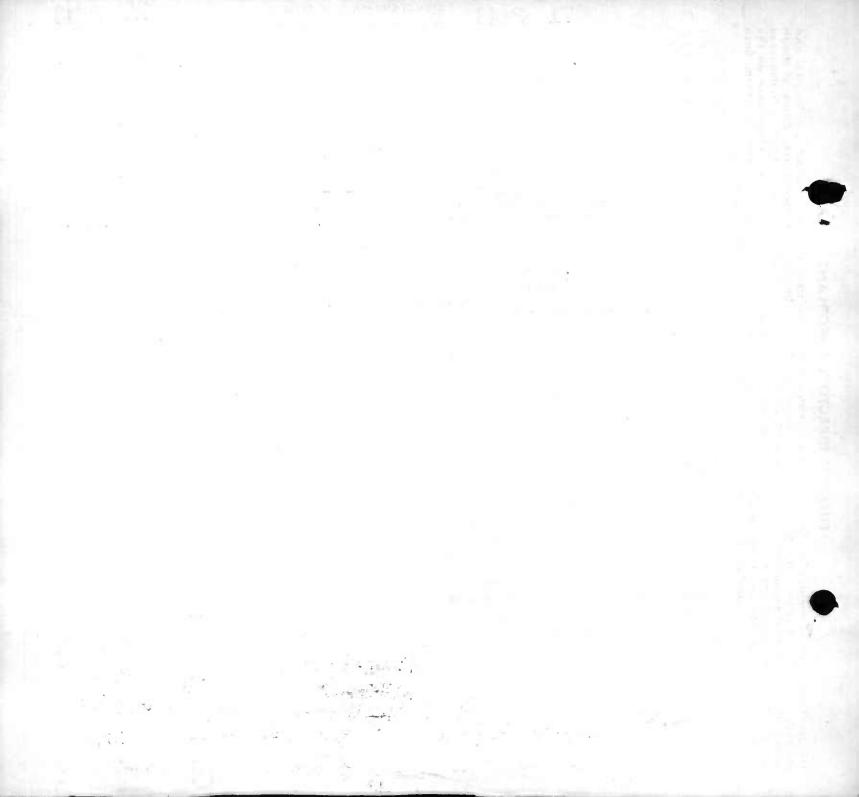


1	BALTIMORE CITY HEALTH DEPARTMENT
to da	BIRTH NO. 71 2442 CERTIFICATE OF DEATH REG. NO. 71 2442
death ceased on the	1. NAME OF DECEASED (Type or Phint) ALC ALC ALC ALC ALC ALC ALC AL
4 0 4	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
d G	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
0 2 0	BALDWORK YEST NO
ed cau ar att prior de.	EDGEWOOD NURSING HOME 1512 PENTRIDGE RD
rmin egul ased s ma	7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years lost birthed) Months: Days Hours Min.
in r	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
oct or	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
dire	CHARLES H. COLLINS ISABELLE HILTZ
king dea ce ce	15. Wos Deceosed Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 822 BEAUMONT 905
if t	18. 4 3 CAUSE OF DEATH
of of o	LEADING TO DEATH MICHAELE ACCEPTAGE HEALT
rono rono ar at	IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE DUE 10 OR AS A CONSEQUENCE OF: DUE 10 OR AS A CONSEQUENCE OF:
frace	ANTECEDENT CAUSES 2 Chaling Thronton ream & C
exan (3) A in wh in re	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C) Left (Luycleum)
rns; sicia was main	
phy:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Body the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYZ (795 or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ere o ph	OR CONTRIBUTING CAUSE OF home, form, foctory, street office bidg., INJURY OCCUR?
ture; t wh 6) No ed b	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At D. Net While D.
y natu xcept nd (6)	Work At Work
9; e	22. I certify that (I) (this hospitol) attended the deceased from 1968 to 19 that (I) (we) last sow the deceased alive an 1968 and that in (my) (per) apinion depth occurred an the date
of vital	and hour and from the causes stated above. (4) (1/2) (did) (did 1/01) view the body after death.
30.5	23A. SIGNATURE Attending Med. Stoff 23B. DATE SIGNED Phys. Director Phys. 3/10/7/
y was rel (1) An acc (2) A at a b d prior to approval	DEGREE THYS. DEGREE THYS. 23D. ADDRESS NAME (Type)
A.O. d pr	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel
D.C.	Burial 3/13/71 Baltimore Baltimore Md.
the bod shows: was D.C decease written	MAR II SN USE 25 TABLE OF REGISTRAR DESCRIPTION OF W. Jenkins & Sons Co. 4905 York Rd.
	Bolto Md 21272

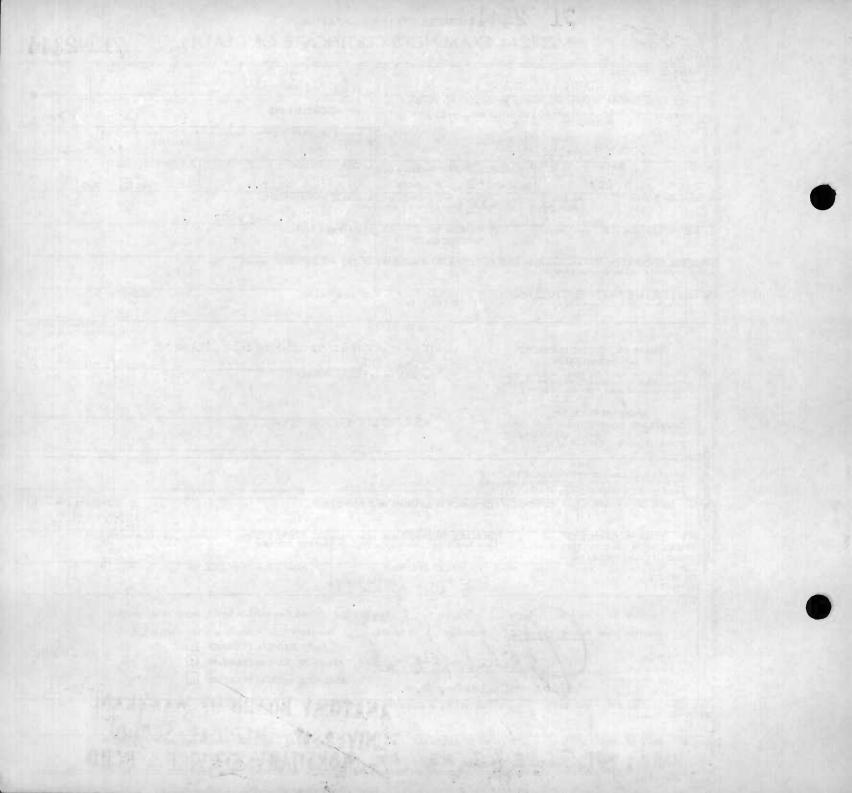


1	2	0 71	244	9 BALTIMORE CITY	HEALTH DEPARTMENT		71 2443
R	-201	0 ./1	244	CERTIFICA	TE OF DEATH	REG. NO	12 6440
1.	NAME OF DEC	EASED			DASE	AND 110112 02 02 1	
	pe or Printl	Emery C. Co	ok		Z. DATE	March 9,	
3.	PLACE IN BAL	TIMORE MARYLAND, V	HERE PRON	OUNCED DEAD	A. STATE B. CO	there deceased lived. II	institution: residence before admission)
H	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INST	TUTION, GIVE STREET	MC C. CITY OR TOWN	· · · · · · · · · · · · · · · · · · ·	NSIDE CITY LIMITS?
	37	Minor Hoo	T . T		Baltimor	е	YES NO
		MERCY HOS	PITAL		E. STREET AND NUMBER	uthclare Rd	
5.	SEX	6. RACE	7. MARRIET	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	II Under 1 Yr If Under 24 Hrs.
	M	W	WIDOWE	DIVORCED	6-22-05	lost birthdayl	Months Doys Hours Min.
10/	LUSUAL OCC	UPATION (Give kind of wor	108 KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale of f	oreign country)	12. CITIZEN OF WHAT COUNTRY
do	ne during most of	working life, even if retired)		urity Guard	Ga.		U.S.A.
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME	
L		Henry J. Co	ook		Jessie C	lav	
15. (Ye	Was Deceased	Ever in U. S. Anned Fer	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no	, , , , , , , , , , , , , , , , , , ,	0. 00.000	259-05-7731	Mrs.Brenda	Deems, 292	24 Wymans
	18, 2 7	3,21/		CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DI LEADING TO DEATH	RECTLY		110. 0	P	BETWEEN ONSET AND DEATH
	4	of mean the mode of	ground tox	es .			
	heart failure.	ashenia, etc. It means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
		plication which caused			Tary	groundos	
Н				(B)			
ŀ	rise to the	R CONDITIONS, if above cause (A) CONDITION last.	any, giving stating the	(C)	A CONSEQUENCE OF:		

ATION	TO THE DEAT	ICANT CONDITIONS CO	HE TERMINAL				
		OPERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	0	WAS PER			NO	IN CERTIFYING C	CAUSES OF DEATH?
MEDICAL C	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	21 ho	B. PLACE OF INJURY (e.g., in me, farm, factory, street, of i.)	n or obout 21C, WHERE DID fice bldg., INJURY OCCUR?	(II In Boltim	ore City, give exact location)
03	21D. TIME	(Month) (Doy) (Year)	11111	E INJURY OCCURRED	21f. HOW DID II	NJURY OCCUR?	
2	(APPROXI		w	hile At Not While			
	22. I certify	that (1) (this hospital) attended	the deceased from	2-27	_19 <u>7/</u> ta	3-9 197/
	that (I) (we)	lost saw the decease	d alive on.	3-9	19 7 / ond	that In (my) (our) of	pinion death occurred on the date
			ed above.	(1) (We) (dld) (dld not) v.	lew the body ofter deoth	1.	
	23A. SIGNATU	*	/			1/	23B. DATE SIGNED
	225 264004	my eun	Ke	CL / DEGREE Phys		Staff Phys.	3-9-71
	PHYSICIA NAMEYT		eun	KIM	23D. ADDRESS	es Gs 7	Partal
24/	BURIAL GREE	MATION, 248, DATE	24C.N	AME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (City town, or county) (State)
	REMOVAL (S	3/11-	71 P2	ARKWOOD	R	RKVILLEI	3 ALTU, Md
25/	AR 11 K	M Japan E.	ME. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	W Seits	814W36411
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	NAME OF DEC		AMES BE	ENINA	TATA		2. DATE OF	Known Estimoted	Month	Doy	Year	Hour
4	DI ACE INT RAI					UNCED DEAD	DEATH 3. DATE	Estimoted L	Month	Doy	Year	Hour M.
	L NAME OF					N. GIVE STREET		INCED DEAD				0 =0
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OK.							5. USUAL RESIDENCE (Where deceased lived. If institution: residence befare admission) A. STATE B. COUNTY					
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	SEX	7. RACE		B. MARI	RIED	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	
male white widowed Divorced							Balto	•	Y	ES K	NO 🗆	
9. [9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Iasl birthday) Months, Doys, Hours, Min.					E. STREET A	ND NUMBER					
			78	"				502 W. Fa	yette	St.		
11.	BIRTHPLACE (S	tate or lorely	n country)			ITIZEN OF	13. FATHER	SNAME				
					W	HAT COUNTRY?						
				4B. KIND	OF B	USINESS OR INDUSTR	15. MOTHE	S'S MAIDEN NA	ME			
aon	eduring mast of w	rorking lite, ev	en il retired)									
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CERTIFICATION	DISEASE OR	CONDITION	RELATED TO	RT 1 (A)	INAL	***************************************						
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ਹ	21										PART	TIAL
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	EXAMIN		Taidor	e Mi	hala	akis, M.D.	ASSC	CIATE MEDICAL	EXAMINER		9	2-19-71
	A. BURIAL CREAMOVAL (Special	MATION.	24B. DATE	- 111		. NAME of CEMETERY	NATH	MY BUA	REPART	MAR	YEAN	(Stote)
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25	A. DATE REC'D	BY HEALTH	DEPT.	25B. I	NAME	OF REGISTRAR	NIVER	E A DIREC	BUIL	th at	Book B.	-
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25 A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

71 2445 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. BIRTH NO. 1. NAME OF DECEASED 2. DATE Known X Month Hour (Type or Print) OF JAMES **EDWARDS** Estimoted January 20, 1971 DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Hour Doy PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF January 20, 1971 OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) B. COUNTY Johns Hopkins Hospital (DOA) Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED Male Negro WIDOWED [DIVORCED Baltimore YES X NO 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In years losi birthday) Months, Doys, Hours, Min. 14 S. Bond Street 13. FATHER'S NAME 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (if yes, give wor or dojes of service) 18. INFORMANT 17. SOCIAL **ADDRESS** SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused death.) ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (II in Boltimore City, give exact location) home, form, loctory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. OF INJURY (Month) (Doy) 22E.INJURY OCCURRED (Year) 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) m. WORK AT WORK 23. Autopsy X I certify that I held on Inquiry inspection ond that on this basis, death in my opinion resulted from: Natural causes X Accident ___ Homicide ___ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE January 21, 1971 EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER L NAME (Type) 24A. BURIAL CREMATION. 24B, DATE 24C. NAME of CEMETER (Stote) REMOVAL (Specify)

SVI, THE BELL 365753 App . 1 31

VS 151-REV. 1/1/6B

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	cm	TUEN	ROBIU	D.T.	Van	LAET	DEA		stimated [March	6,	1971	4:	45 P.
	PLACE IN BAI						3. DAT	E NOUNCE	D DEAD	Month	Day	Yeo	ar Hour	
HC	SPITAL	ADDRE	SS OR LOCA	TION)	11101101	N, GIVE STREET				March	6,	1971	4:	45 P.
	38	UNIVERS	SITY HO	SPIT	AL		A. STAT	E	NCE (Wher Vland	e deceased liv	ed. If instit B. COUN	ution: resider TY	ice belore o	admission)
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No.	Male	Whit	e	WIDOW	VED 🗍	DIVORCED [Arn	old			YES 🗌	NO C	1
9.	DATE OF BIRT	Н	10. AGE (Ir	yeors		er I Yr. If Under 24 Hrs		ET AND						
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144	usual occu	PATION (Give	e kind of work	14B. KIND	TIS	AAT COUNTRY? A JSINESS OR INDUSTR	The	de THER'S M	AIDEN NA	WE V	anLaa	r		
	omptro		en if refired)	riva	ate	firm	LOI	ice	Eliza	hath F	Clare			
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O	2												Yes	
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Σ	OF INJURY		oy) (Year	_) 22E.	INJURY OCCURRED	No.	22F. H	OW DID IN	JURY OCCU	R? A	nnapo1	is, M	d.
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	result	ed from: N	otural caus	ses 🗌	Acc	Ident X Suici	ie 🗌	Homicia	ie 🗌	Undetermin	ed manne	er 🗌		
H	ACTUAL	or Cl	cale	D.		most			MEDICAL E				DATE :	SIGNED
	SIGNATU EXAMINI NAME (T	er's Ch	arles	S. Sp	rin	gate, M.D.			MEDICAL E			arch 7	, 197	L
24/ PE	BURIAL CREA	MATION, 2	4B. DATE		24C.	NAME of CEMETERY	or CREM	ATORY	24D.	LOCATION	(City, I	awn, or coun	ity)	(Stote)
B	MOVAL (Specification of the control	3	-10-7		G	len Have			6		BUR	NIE 1	A6 m	20
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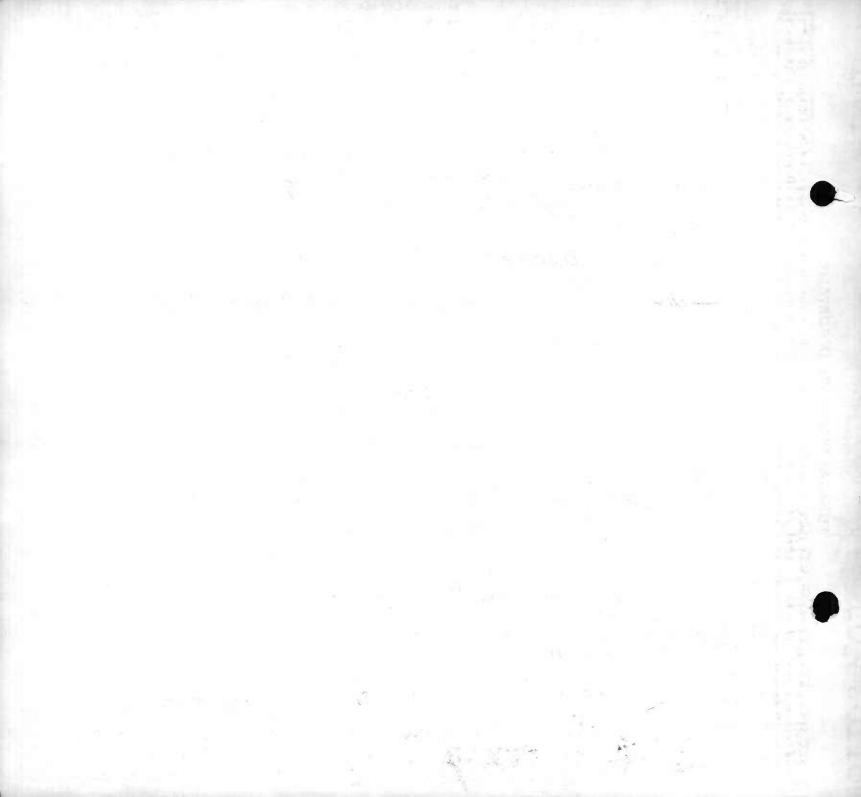
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Funeral Home Annapolis, Md

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed ar final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

			BALTIMORE CITY	HEALTH DEPARTMENT	m/ 0 . 10
1)-616	74 6	2448	CERTIFICA	TE OF DEATH REG. N	vo. 71 2448
NAME OF DECEA		1440			
Type or Print)	DRAP	ER I	MERWIN	Thomas 2. DATE AND HOUR OF 1	at 405 pm
3. PLACE IN BALTIA	AORE MARTLAND, V	VHERE PRONO	UNCED OEAD	4. USUAL RESIDENCE (Where deceased by	ed If institution residence before admission
FULL NAME OF	JIF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	MILLERSVILLE - MI	ARYLAND 5200
NOTTUTION	LTIMORE (C.CITY OR TOWN MILLERSVILLE 21108	D. INSIDE CITY LIMITS?
A A			ST BALTIMORE	E. STREET AND NUMBER	RAILER VILLAGE
. SEX 6.	RACE	17	F	8. DATE OF BIRTH 9. AGE Un yes	
MALE	WHITE	WIDOWED	NEVER MARRIED DIVORCED	lost birthdoy)	63 If Under 1 Tr. It Under 24 Hrs. Months Doys Hours Min.
	ATION (Give kind of working life, even if refired)	FIOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
MANAG	ER	AUTO.	TRANSPORT	MICHIGAN	4. S. Fl.
3. FATHER'S NAME	100			14 MOTHER'S MAIDEN NAME	
WARR	EN DR	APEN	3	MALLDE SM	IITH
5. Was Decoused Ev	er in U. S. Armed Fo	rcesi	1 & SOCIAL	17. INFORMANT	ADDRESS
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18. 4 0	2.01		CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION D			D = 0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 > 0 > 0	
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	cation which cause		4 /		
AN	TECEDENT CAUSE	S	CHF		
DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	
	above cause (A)	stating the			
UNDERLYING	CONDITION last		(c)		
2	11				
TO THE DEATH	ANT CONDITIONS CO	THE TERMINAL			
▼ DISEASE OR CON	IDITION GIVEN IN PA	RT 1 (A).	WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B. IF YES.	WERE FINDINGS CONSIDERED
21A. ACCIDENT	PERATION 19% COL	PORMED		NO IN GERTIFTI	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTE	WAS UNDERLYING	218 hor	LPLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID (If In	Boltimore City, give exact location)
DEATH Inotify m	edical examined	elc			
OF INJURY	Month! (Doy) (Year		INJURY OCCURRED	215. HOW DID INJURY OCCUR?	
IAPPROX.)		W	nile At Not While	• 🗆 📗	
22 I monthly also	at (1) (this hospite			2 126 1971 tg	MARCH 10 19 71
	st saw the deceas		MARCH 10	ting 4	ur) apinian death accurred on the date
and hour and f	ram the causes ste	ted above. (1) (We) (did) (did-not)	tew the bady after death.	
23A. SIGNATURE	1116 -111.	la I	A A		238. DATE SIGNED
	1 JW/MW	NIL	Dh.	miding Med. Staff Phys.	3/10/71
23C. PHTSICIAN	2	- J	DEGREE	23D. ADDRESS	
NAME (Type	WEISS		M. D.	South BAITO GEN F	than
MA BURIAL COST		la ca de	DEGREE		
REMOVAL (Spe	ecify) 248, DATE		AME of CEMETERT of CR		(City, town, or county) (State)
BURIAL	5//3/7	7/ 5	vergreen	CEM, LANSING	Mich.
25A. DATE REC'D B	T HEALTH DEAT.	2 The Nation	F RECEIVE AR	25C, FUNERAL DIRECTOR	Zal Fooden Rd
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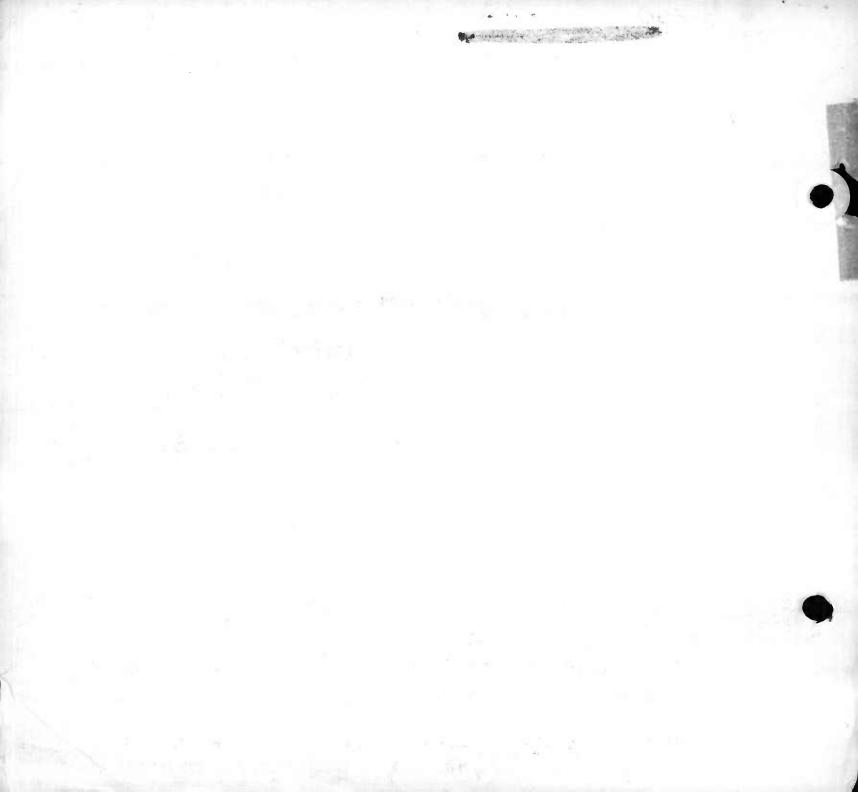




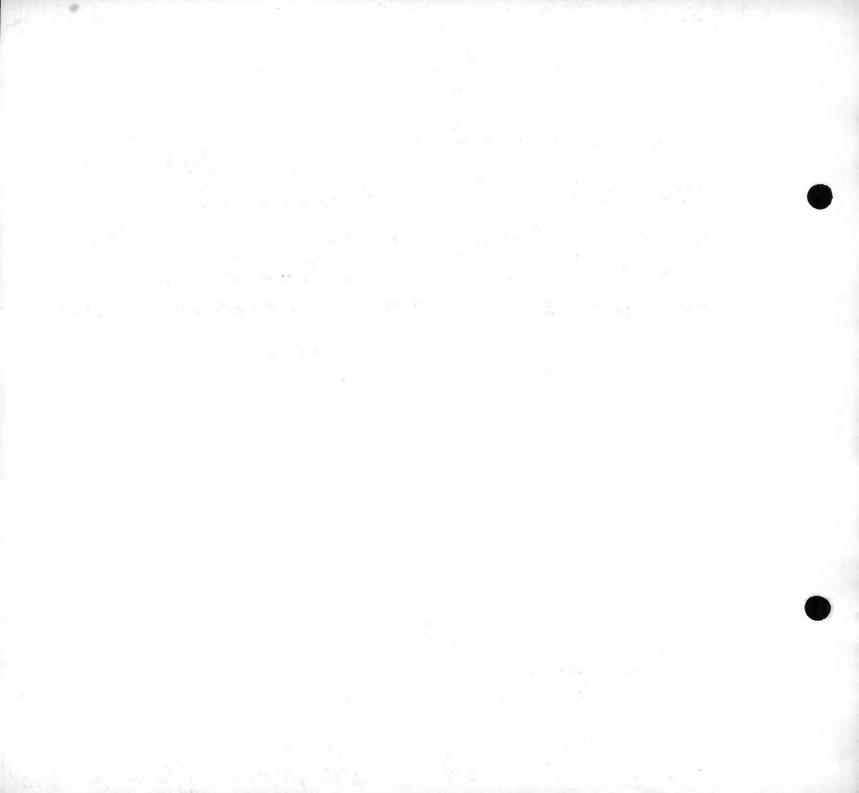
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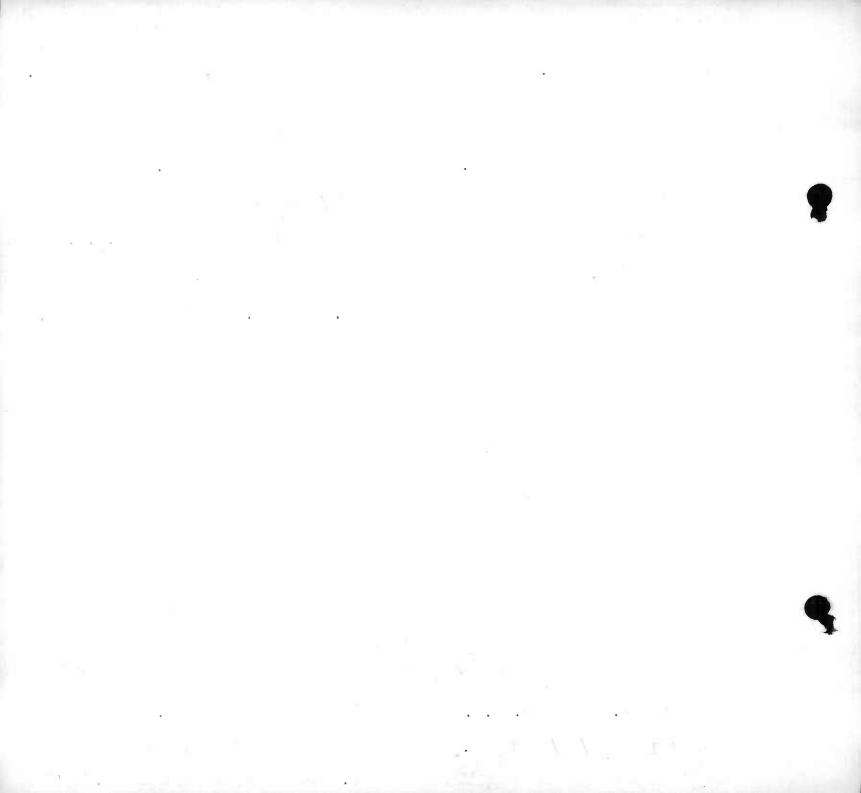
FUNERAL DIRECTOR:

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14. MOTHER'S MAME	1	EM PLE AMBRICAN WIDOWED DIVORCED DI	7-05-99 lost birthdoy / Months Doys Hours Min.
S. West Deceased Eve in U. S. Armed Facer? 1.	90 10	ne during most of working life, even if refired]	
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DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A. AUTOPSYT (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFINO CAUSES OF DEATH? E.S. 21A. ACCIDENT WAS JUNDERLY 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID If In Boltimore City, give exact location) home, form, foctory, street, office bidg, injury occur? SEE ABOVE 21D. TIME (Month) (Doy) (Teat) While AI Not While AI		(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the disease of the property of the prop	A CONSEQUENCE OF: CONSEQUENCE OF: Sev. Days
WAS PERFORMED IN CERTIFYINO CAUSES OF DEATH? E.S.	CATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Derotic Heart Diseas Indonte
DEATH (notify medical examines) 21D. Flame (Manihi (Day) (Year) (Hour) 22D. Flame (Manihi (Day) (Year) (Hour) 23D. ADTERSS 23D. ADTERSS 23D. ADTERSS 23D. ADTERSS 23D. ADTERSS 23D. ADTERSS 24D. LOCATION (City, town, or county) (Stotel) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of REGISTRAR 25C. FUNERAL DIRECTOR	ERTIFIC	WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While AI Work 21E. INJURY OCCURRED While AI Work While AI Work At Work 22, I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive an and hour and from the causes stated abave, (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE/SIGNED 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Signed 25D. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ALTER DABEGONSKI 1005 DUNDALK AVENUE	CALC	OR CONTRIBUTINO CAUSE OF home, form, foctory, street of DEATH (notify medical examines)	ffice bldg., INJURY. OCCUR?
22. I certify that (II) this haspital) attended the deceased from that (II) (we) lost saw the deceased alive an and hour and from the causes stated abave. (II) (We) (did) (alid nat) view the bady after death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME Type 23D. ADDRESS NAME Type 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION City, town, or countyl 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ALTER DABROWSKI 1005 DUNDALK AVENUE	MEDI	21 D. TIME (Month! (Doy) (Year) (Hour) 21E INJURY OCCURRED	215, HOW DID INJURY OCCUR?
and hour and fram the causes stated abave. (I) (No) (dld) (ald nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME Type: ADD 23D. ADDRESS Phys. 23D. ADDRESS Phys. 23D. ADDRESS Phys. 24D. LOCATION (City, fown, or county) (Stotel Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS WALTER DABHOWSKI 1005 DUNDALK AVENUE		22, I certify that (1) (this haspital) attended the deceased from	CALCULATION AND AND AND AND AND AND AND AND AND AN
23A. SIGNATURE 23G. PHYSICIAN'S NAME-Type: ADDO A. MENDOZA M.D. 23D. ADDRESS Phys. 23D. ADDRESS Phys. 23D. ADDRESS Phys. 23D. ADDRESS Phys. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel Burial 3-11-71 St Stanislaus Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR WALTER DABROWSKI 1005 DUNDALK AVENUE			intimy, Activities and the date
230, Address (Pamelype) ADDO A. MENDOZA MD. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel Burial 3-11-71 St Stanislaus Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR MAR 1. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 25C. FUNERAL DIRECTOR WALTER DABROWSKI 1005 DUNDALK AVENUE		23A. SANATURE ON ON ON OFFICE, AHO	23 B. DATE SIGNED
Burial 3-11-71 St Stanislaus Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS WALTER DABROWSKI 1005 DUNDALK AVENUE		arcare Phys	s. Director Phys.
Burial 3-11-71 St Stanislaus Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR DABROWSKI 1005 DUNDALK AVENUE MAR 12 10 10 10 10 10 10 10 10 10 10 10 10 10	24	ABURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) (Stotel
MAR 12 187 V. Bes E. A. Bez, M.D. O O MALTER DABROWSKI 1005 DUNDALK AVENUE		Burial 3-11-71 St Stanislaus C	
		MAR 12 1871 0, Bus E. 482, MD, O O	



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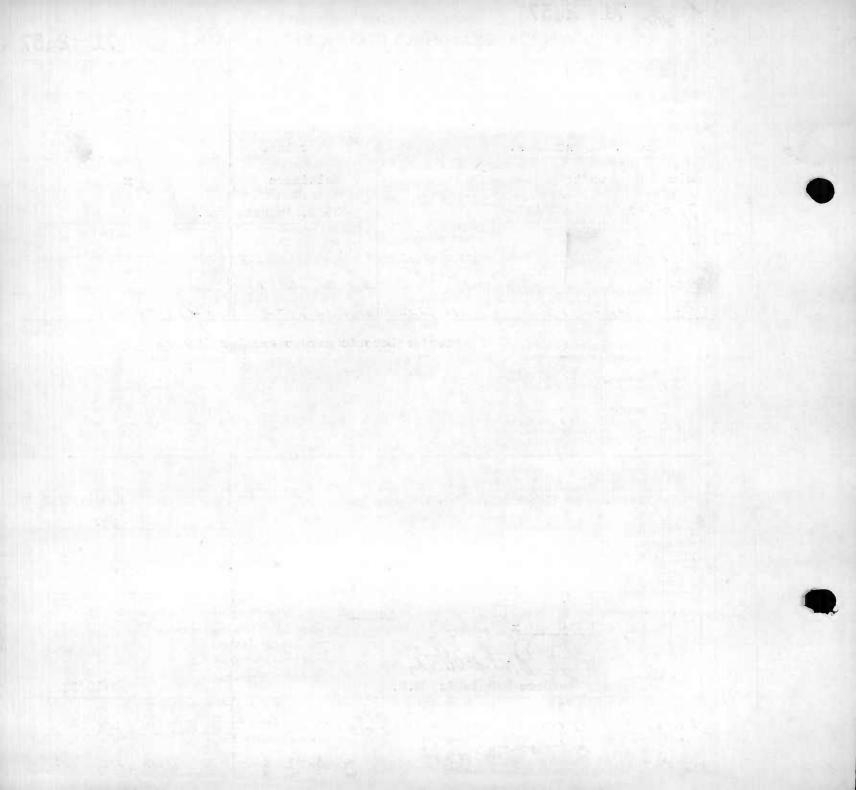


BALTI	MORE CITY HEALTH DEPARTMENT	
-536 71 2455 CER	TIFICATE OF DEATH REG. NO.	() + Ph pr
1. NAME OF DECEASED (Type or Print) SANDERS PNDREW	2. DATE AND HOUR OF DEATH	2455
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAL	4. USUAL RESIDENCE (Where deceased lived, If institution: residence be	efore edmission
	A. STATE B. COUNTY	115
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	C, CITY OR TOWN ID. INSIDE CITY LIMITS?	-
48 MGH	F STREET AND NUMBER	0 📗
7.1011	2033 cliftwood. anc.	
5. SEX 6. RACE 7. MARRIED NEVER M. WIDOWED DIV		Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS O	DRCED 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WI	HAT COUNTRY
done during most of working life, even if rettred) None Mone	e Ne us	·A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service)		
	OF DEATH J APPROXIM	AATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Mountable - Ca-	NSET AND DEATH
(A)IM/	IEDIATE CAUSE ///E/WS/W///C TO, OR AS A CONSEQUENCE OF:	
injury or complication which caused death.)	Ponnelio serie Ca -	
DISEASES OR CONDITIONS, il any, giving	TO, OR AS A CONSEQUENCE OF:	****
inse la the above cause (A) slating the	TO ON AS A SOURCE OF	
	75000000000000000000000000000000000000	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1994. CONDITION FOR WHICH OPERA WAS PERFORMED 214, A CCIDENT WAS UNDERLYING 11 121B PLACE OF IN		
OISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED	TION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	RED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN home, form, foctor		
OR CONTRIBUTING CAUSE OF hame, farm, foctor etc.) OR CONTRIBUTING CAUSE OF hame, farm, foctor etc.) 21D-TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUPANTION (MONTH) (MO	JURY (e.g., in or about 21 C. WHERE DID (If In Boltimore City, give exact locally, street, affice bidg., INJURY OCCUR?	nonj
21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC		
(APPROX) Work	Not While At Work	
22. I certify that (F) (this hospital) attended the deceased that (I) (we) last saw the deceased alive an	2/6/	19/_
and haur and fram the causes stated abave. (1) (We) (did)	The state of the s	d on the dote
23A. SIGNATURE	23 B. DATE SIGNED	1 -
23C.PHYSICIAN'S	Attending Med. Sheff Phys. 3/8	())
NAME TYPE ANE JWACA	23D. ADDRESS MCH	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME REMOVAL (Specify)	DEGREE 24D. LOCATION (City, lown, or county)	(State)
Bunial 3-13-71 Arbutus 1	remorial Park Ankutus Nanyland	
MAR 12 1971 28 28 NAME OF REGISTRAR	25G FUNERAL DIRECTOR ADDRES	55
VS 150-REV. 1/1/68	WALLEY OF THE STATE OF THE STATE OF COLUMN	0.21



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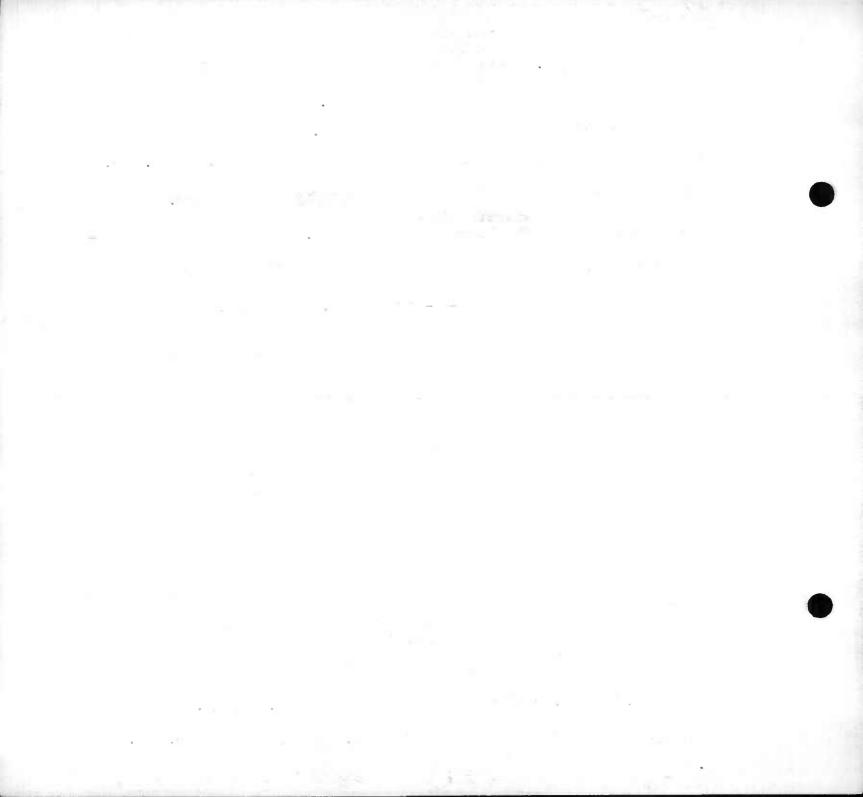
1	MEDICAL EXAMINER'S O	ALTH DEPARTMENT	
1	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	71 2457
_	TH NO.	110.110.	
	NAME OF DECEASED NORMAN VEIT	2. DATE Known Month Doy	Yeor Hour
_	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 3. DATE Month Dov	Year Hour
10	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 3 9	1971 1:25 p _M
JK	0 426 S. Augusta Ave.	5. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE Maryland B. COUNTY	residence before odmission)
).	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
1	male white widowed Divorced D	Baltimore	ES 🖾 NO 🗌
2.	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days; Hours; Min.		
1.	BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
	Ma culand What country?	Anthum P. Veit	
44	USUAL OCCUPATION (Give kind of work) 48. KIND OF BUSINESS OR INDUSTR	115. MOTHER'S MAIDEN NAME	
on	Labor Labor Construction	marien Binier	
6.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT AL	DDRESS
Y e	1948 - 1953 SECURITY NO.	In the House Con and	- 0
-	19. CAUSE OF DEA	THE CHON VELL 429 D. ENGINEERS I.	APPROXIMATE INTERVAL
	Arteriosolo	rotic cardiovascular disease	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Totte cardiovasediai disease	
	(This does not mean the made of dying, e.g.,	CAUSE AS A CONSEQUENCE OF:	
	heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	AD A CONSEQUENCE OF	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
	KISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF.	
Z	UNDERLYING CONDITION LAST. (C)	***************************************	
	The same of the sa		
FICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************	
¥	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No)
C	2		yes
DICA	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., home, form, foctory, street, offic	in or obout 22C. WHERE DID (If in Boltimore City, give exo to bldg., etc.) INJURY OCCUR?	ct locotion)
Σ	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) WHILE AT NOT	WHILE	
	23. m. WORK AT W	VORK L	
	I certify that I held an Inquiry Inspection Au	tapsy 🛛 and that an this basis, death in my	apinion
	resulted from: Natural causes X Accident Suicide		
		CHIEF MEDICAL EXAMINER	
	ACTUAL ATT TOUR ALLES	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE M.D.	ASSOCIATE MEDICAL EXAMINER	
	NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER	3/10/71
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town	n, or county) (State)
(E	MOVAL (Specify) 3/12/71 Louden Para	Conster Balting N	la meland
2.5	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR A	DDRESS
	MAD 19 10TH DE AN ZE TO	A / & &	0.
	MILITA ISTE TRESPECT CHANGE LEGICALITY	1 Mmar 834 Sel. 13285 ulpi	hur Sp. Icd
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a 1	01		BALTIMORE CITY	HEALTH DEPARTMENT		71 2458
BIRTH NO.	20 71	2458	CERTIFICA	TE OF DEATH	REG. NO	J.1 2436
I. NAME OF DI	CEASED			2. DATE	AND HOUR OF DEAT	н
(Type or Print)	ANNA	M	BOCEK	3 9	171 3:05	7710
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If UNITY	institution: residence before admission)
FULL NAME O	F IIF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md.		2643
HOSPITAL OR	ADDRESS OR LOCA			C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
SOUTH B	PALTIMORE GEN	ERAL HO	SPITAL	Balto.		YES NO
43						Balto., Md. 21213
S. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
-	W	WIDOWED		3-30-95	75	
	CUPATION (Give kind of world working life, even if refired)	TOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?
House				Balto., Md	1.	U.S.
3. FATHER'S N				14 MOTHER'S MAIDEN N		
5. Was Decous	ed Ever in U. S. Armed For vn) [lif yes, give war or date	reas?	16. SOCIAL SECURITY NO.	17. INFORMANT	(niece)	Balto., Md.
no	The year, give war or our	3 01 3011100	SECORITI NO.	Mrs Doroth		04 Edison Highway
18.	3 1		CAUSE OF DEAT		ly Kelloe, 27	APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY		11 12	- 11 0	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAL	ISE Mullin	rle Myelo	ma
(This does	not mean the mode of	dying, e.g.,	DHE TO, OR AS		1	
injury of C	omplication which caused	death.)				
	ANTECEDENT CAUSES		Ans.			
DISEASES	OR CONDITIONS, IF	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	the above cause (A) NG CONDITION last	stating the				
ONDERLIN	10 CONDITION 1656		(c)			
OTHER SIGN	III IIFICANT CONDITIONS CO	NTRIBUTING				
TO THE DE	ATH BUT NOT RELATED TO T	HE TERMINAL	(10			
	OF OPERATION 19% CON		WHICH OPERATION	20A AUTOPSTE Nes of	No. 208 IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING DEUTING CAUSE OF	218 hom	ne, form, factory, street, o	n or about 21 C. WHERE DID	(II In Boltim	nore City, give exact location)
() i	(Month) (Day) (Yest)	(Houd 21E	INJURY OCCURRED	21f. HOW DID I	NUIN OCCUP	
21D. TIME OF INJURY	internal tools from	Wi	ile At C Not Whi	• [7]		
IAPPROXI		We	rk L Al Work			
	fy that (i) (this hospita			3-5-71	19103/	
that (I) (W	e) lost saw the deceas	ed olive an_	3 9 71	19and	that in (my) (our) o	pinion death occurred on the date
and hour c	and from the couses sto	ted above. ((log blb) (did) (#) (I	lew the body after deat	h•	
23A. SIGNA	TURE		112			23B. DATE SIGNED
	Typeny	2	DEGREE Phy	nding Med. Director	Staff Phys.	3/9/71
23C. PHYSIC NAME	IAN'S	1		23D. ADDRESS	0	11
1471116	1/2/5	VICWE	1 1 . 0	SOUTH ISAL	TIMORE 5	Pal
	MYE !	10 mm	DECOM.		- 111.112	ENERAL HOSPITAL
24A. BURIAL C	REMATION, 24B DATE	24C.N	DEGREE AME of CEMETERY OF CR			(City, town, or county) (Stote)
REMOVA	L (Specify)		AME of CEMETERY of CR	EMATORY 24D	. LOCATION	
bur:	L (Specify)			EMATORY 24D	Balto., M	(City, town, or county) (State)
bur:	ial 3/12/7		AME of CEMETERY of CR	EMATORY 24D	Balto. M	(City, town, or county) (State)

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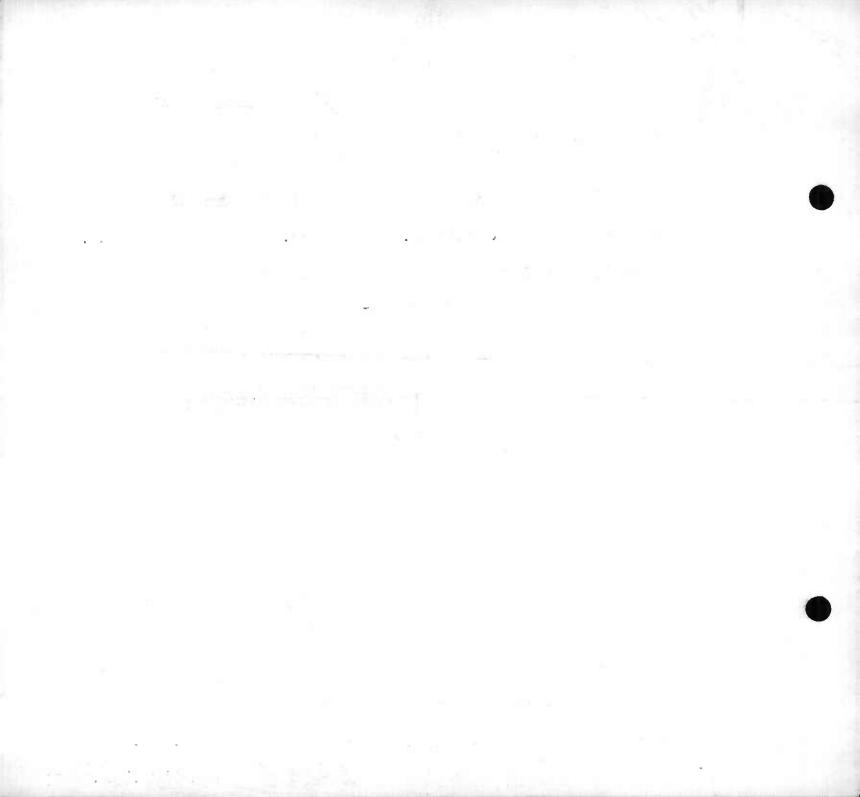
1	2-65	5	71 2	450		HEALTH DEPARTMEN			روسا	9450	
RIP	TH NO.		17 5	400	CERTIFICA	TE OF DEAT	H	REG. NO		1 6400	-
	AME OF DECI	EASED				2. DA	TE AND HOU	R OF DEATH			
(Ty	pe or Print)	Aul	brey L. (erman			3/8	/77	1	== 1 11	
3.	PLACE IN BALT		RYLAND, WHER			4. USUAL RESIDENCE	(Where deceo	sed lived. If is	nstitution: te	sidence before admission	7.
										- 5 113	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						Md.	Balto		ID C CIDAL	5306	_
Mercy Hospital						D. INS	IDE CITY LI	-			
	3 /	1.1eT.	ch mosbr	Jal		Balto.	RED		YES X	ио []	_
						6654 Loch		d Rel	to N	1d 27 220	
5.	SEX	6. RACE	17. 4	A DDIED E	A Admirant Annual Company	8. DATE OF BIRTH		(In yeors			=
	M	W		DOWED [NEVER MARRIED DIVORCED	6/12/13	last birth	57 yrs.	Months	Doys Hours Min.	•
LOA	USUAL OCCU	PATION (Give	kind of work 10B.	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale	or foreign coun	try)	12. CITIZ	EN OF WHAT COUNTR	Y?
aon						Balto.					
13.	accountant Noppinger 3. FATHER'S NAME				14. MOTHER'S MAIDE	N N A M F			14000	_	
	George A. German						lian Ga	ither			
15. (Ye	S. Was Deceased Ever in U. S. Armed Farces? (Yes, no of unknown) (If yes, give war of dates of service) SECURITY NO.					17. INFORMANT				ADDRESS	
	no				218-01-6271	Mrs. Anne	German	,	same a	ddress	
	18. 4	9.4 I			CAUSE OF DEAT	H		Δ.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	н
			DITION DIRECT	LY		1	0	. 1 1	η .	1 1	
		LEADING TO			(A) IMMEDIATE CAL		redeat	bull	est	1 hr	
	heart laiture,	asthenia, etc	mode of dying. It means the	disease,	DUE TO, OR AS	A CONSEQUENCE OF:					
	injury at cam	plicalian whi	ich caused dea	th.)	$\Omega <$	1/10		•		E1102	
	A	NTECEDEN'	T CAUSES		(8)					Soft	
	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS					A CONSEQUENCE OF:		*************		U	
	UNDERLYING		ause (A) stat N last.	ing the	(c) al	hervelle	inis		}	5-90	
		11			00		2	suf	1		-
ON	OTHER SIGNIFI	CANTCOND	TIONS CONTRI	BUTING	W1/0.101	tea Heart	dis-	metra	1	2541	
ATI	DISEASE OR CO	H BUT NOTRE Ondition Gi	LATED TO THE TE	RMINAL	p veerv	Coc j to 1		770-00-			
CERTIFICATION	19A. DATE OF	OPERATION	198 CONDITION	N FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B, I	P YES, WERE	FINDINGS USES OF I	CONSIDERED DEATH?	_
CE	21 A. ACCIDEN	T WAS UND	PERLYING	218.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE D	olo	(If In Boltimo	re City, give	exoct location)	-
MEDICAL	OR CONTRIBU	TING 🔲 CAU	JSE OF	elcJ	PLACE OF INJURY (e.g., i o, form, foctory, street, o	fice bldg. INJURY OCCU	U Ř?	(,			
EDI	21D. TIME OF INJURY	(Month) (De	oy) (Yeor) (H	21 E.	INJURY OCCURRED	21F. HOW DI	D INJURY OC	CUR?			_
\$	(APPROX.)			Whit	e At Not While	• [
	22 1	41-(11) (41a	a beauteall as		e deceased from	1 200 1 (1 5 9)	7 30	in m	1116	3 8 10 71	-
		-			e deceased from	1400		10		L D 19 14	•
			e deceased of	_	111		The same of the sa	y) (our) ap	nian deat	h occurred on the da	
			auses stated o	bave (I)	(We) (did) (did nat) v	lew the body ofter de	eath.				_
	23A. SIGNATO	RE	19	0	. / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			_	23 B, DAT	E SIGNED	
		·W	Uw.	sel	DEGREE Phy	nding Med. Director	Staff Phys.]	1	earl 9/71	
	23C. PHYSICIA!	N°S			/	23D. ADDRESS				///	-
			rid A. Ou	rsler		31.00 S	t. Paul	St.			
24/	BURIAL CREA	MATION, 1248			ME of CEMETERY OF CRI		4D. LOCATION		ily, lown, o	r county) (State)	
	REMOVAL (S	pecity)	2/70/77			1, 211				•	
254	burial	RY MEALTH	3/12/71		ulaney Valley FREGISTRAK			Balto	, rius	A Dispers	_
1	MAD 49	WALLEY A	10 00	m 400		25C. FUNERAL DIRE	CIOR	2011 3	333/	BISTUMS	
	150-REV. 1/1/6	2/1	ASSESSED EL	a spen	red o	1 de lande	28 7	1/1/4	LA.	13ALT MOL	2
44	INUSKEVA I/I/A	10		The same of the sa	and the same of th						



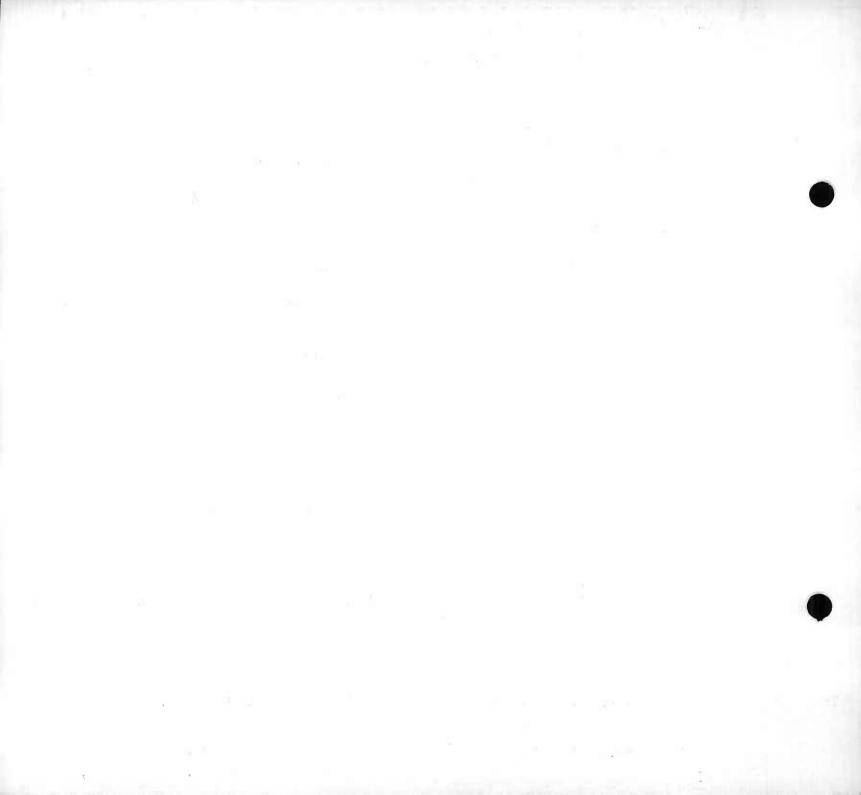
IMPORTAN

DIRECTOR:

FUNERAL



	C-163 71 2461		HEALTH DEPARTMENT	REG. NO.	71 2461		
	I. NAME OF DECEASED (Type or Pant) Henrietta Erne		2. DATE A	ND HOUR OF DEATH			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	ICED DEAD	4. USUAL RESIDENCE (Who	Mar. 10, 1971	7:45 A M. stitution: residence before admission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE HOSPITAL OR ADDRESS OF LOCATION		NY NY	NTY	V - 29		
	US Public Health Service Ho		c. CITY OR TOWN Riverhead	D. INSIE	DE CITY LIMITS?		
	2×3100 Wyman Parkway	F = 0	E. STREET AND NUMBER		YES NO		
de.			860 W. Mair	n Street			
is mad	W WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 10/4/06	9. AGE (In years last birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Haurs Min.		
disposition i	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF 8 done during most of working life, even if retired) HOUSEWITE	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country!	USA		
osi	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
isp	Gaston Nevejans		Julia Der	nys .			
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) liff yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
final	No	?	Records- US	PHS Hospital	, Balto, Md.		
0	18.203X1	CAUSE OF DEATH			APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		A. W. C.		BETWEEN ONSET AND DEATH		
embalmed	(This does not mean the mode of dving, e.g.	l hemorrhage	l day				
pq	heart failure, asthenia, etc. It meons the disease, injury ar complication which caused death.)	DOE 10, OR AS 7	CONSEQUENCE OF:				
E	ANTECEDENT CAUSES	Years					
are	DISEASES OR CONDITIONS, if ony, giving	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF					
15 0	rise to the abave cause (A) stating the UNDERLYING CONDITION last.	(c)					
0	_ 11	***************************************					
еп	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
90	■ IDISEASE OF CONDITION GIVEN IN PART 1 (A)	ICH OBERATION	1204				
re t	WAS PERFORMED		yes	IN CERTIFYING CAUS	NDINOS CONSIDERED SES OF DEATH?		
before the remains	OR CONTRIBUTING CAUSE OF home, etc.)	ACE OF INJURY (e.g., in form, factory, street, offi	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(t) to Baltimare	City, give exoct location)		
ained	OF INJURY (Month) (Doy) IYeor) (Hour) 21E, IN	JURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
air	(APPROX.) Wark	- AL HOR					
opt	22. I certify that (1) (this hospital) ottended the	deceased from	Jan, II	9 71 ta M	ar. 10 19 71		
pe		Mar. 10	19 <u>71</u> and the	t in (my) (our) opinio	on death occurred an the date		
must	and hour and fram the causes stated above. (1) (1)	Ve) (did) (did por) vi	ew the body after death.				
	IN SIGNATURE IN MININ	Atten	dia = N.J		3B. DATE SIGNED		
2	23C. PHYSICIANS	argree Phys.	Director L	Staff XX Phys. XX	3/10/71		
0	23C.PHYSICIAN'S NAME (Type) Samuel P Ward Sungger	1	IIS PHS Hognital	Relto Md			
	Samuel P. Ward, Surgeon (24A. BURIAL CREMATION, 24B. DATE 24C. NAM. REMOVAL (Specify)	OEGREE	US PHS Hospital		town, or county!		
Written	B 1 3						
	25A. DATE REC'D BY MALUEL DEPT. 25B. NAME OF I	erhead	25C. FUNERAL DIRECTOR		ew York ADDRESS		
	MAK 12 1977 (200 20)	200	Leenard J R	ick Inc. Ba	ltimore, Md		
- 1	VS 150-REV. 1/1/68	100 C					



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES 3 NO [If Under 1 Yr. Months! Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 700 W. 40th STREET APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (Il In Soltimore City, give exact location) ond that In (my) (our) opinion death accurred on the date 23 B. DATE SIGNED MAR (City, town, or county) (Stote) Baltimore, Md. Leonard J. Ruck, Inc. Balto. Md. 21214

2513 Wentworth Rd. Adm 4/3/67

Felenmonia

Cene Avol Voscular Acident Informa Hyrs.

Art mossleratic Continuación Basese Hyrs.

7 days

Aubrey D. Richardson, M.D.

11 MAR 1971

FUNERAL DIRECTOR: IMPORTANT

S-540 BIRTH NO.	71 2	100	CATE OF DEATH REG. NO. 71	2463
1. NAME OF DECE	GLADYS	SCHAMMEL	2. Date and hour of death March 11, 1971.	13:4/ A
3. PLACE IN BALT FULL NAME OF HOSPITAL OR INSTITUTION		HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET ATION)	A. STATE RESIDENCE (Whose deceased lived. II institution A. STATE R. COUNTY Md. C. CITY OR TOWN D. INSIDE CIT	831
42	SINAI HOST	TPITAL	Baltimore YES E. STREET AND NUMBER 2814 Pelham Av	
5. SEX Female	6. RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years if U last birthdey) Mont	nder 1 Yr. II Under 24 His. Doys Hours Min.
10A. USUAL OCCU done during most of w Homema 13- FATHER'S NAM	rorking life, even if retired) ker			USA
15. Was Deceased	? Ever in U. S. Armed For	Diacont	Unknown	
(Yos, no or unknown)	Uf yes, give wor at date	s of serviced SECURITY NO. 214-03-0403		hesmont Ave.#
DISEASES OF	olication which caused INTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. II CANT CONDITIONS COIL BUT NOT RELATED TO THE	any, giving (B) DUE TO, OR CO. A STATE OF THE TERMINAL	as a consequence of:	2 hrs.
19A. DATE OF		DITION FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES C	OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF modical examiner) (Month) (Doy) (Year)	(Haud) 21E INJURY OCCURRED While At Not Wark At We	21F. HOW DID INJURY OCCUR?	Give exect locotion!
that (1) (we) 1	ast saw the decease from the causes state	d alive an Mac (did not ed abave. (1) (We) (did not	De 29 19 70 ta mace 9 19 71 and that in (my) (our) opinion d) view the body after death.	eath accurred an the date
23A. SIGNATUR 23B. PHYSICIAN NAME (Ty	an Bo	DEGREE P	Med. Shoff hys. Stoff 23D. ADDRESS	PATE SIGNED
24A. BURIAL CREM REMOVAL (Sp Burial	AATION, 24B. DATE	B. Cohen MD 24c.NAME of CEMETERY of C	CREMATORY 24D. LOCATION (City, lower	्र or county) (Stole)
25A. DATE REC'D I		25B NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto	ADDRESS



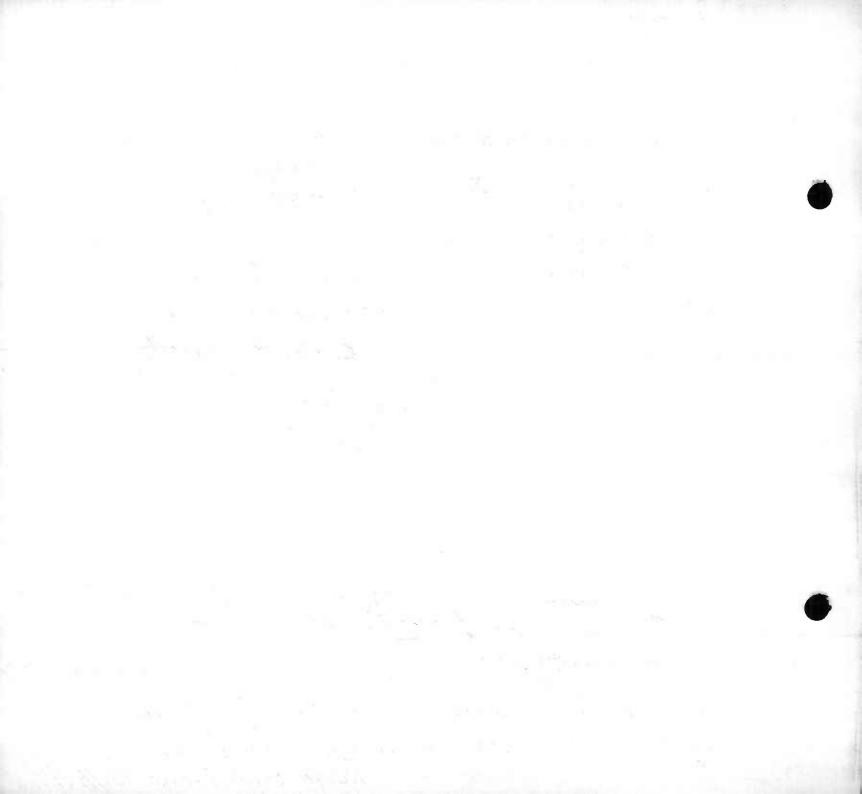
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4

K-532 71 2	A C' A	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO	71 2464
BIRTH NO. 1. NAME OF DECEASED (Type or Print) KENDZEJESKI		2. DATE AND HOUR OF DEATH March 7, 197	71
3. PLACE IN BALTIMORE MARYLAND, W FULL NAME OF HOSPITAL OR ADDRESS OR LOCAL BOS S. Belmord	AL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY Md. Baltimore	institution: residence before admission) SIDE CITY LIMITS? YES NO
5. SEX 6. RACE White	7- MARRIED X NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 52	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSEWITE	108, KIND OF BUSINESS OR INDUSTRY	Maryland	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Herman Spielman		14. MOTHER'S MAIDEN NAME Anna Stumpf	
15. Was Deceased Ever in U. S. Armed For (Yespapor unknown) (If yes, give war or date:	16. SOCIAL SECURITY NO.	James Kendzejeski 1803 S. Belnerd Ave	Baltimore. Md.
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not meen the made of heert failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if of itse to the above cause (A) UNDERLYING CONDITION last.	dying, e.g., the disease, death.) any, giving slating lhe (A) IMMEDIATE CAI DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	laryng 15 more
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 119B. CONE	IE TERMINAL 1 1 (A). DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONT WAS PERFO OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)			FINDINGS CONSIDERED USES OF DEATH? re City, give exect location)
21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED While At Not Whit Work At Work		1
22. I certify that (I) (this hospital) that (I) (me) last saw the deceased and hour and from the causes state	d alive an $\frac{3}{7}$	19 7 and that in(my) (ever) api	nion death occurred on the date
23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type)	ha M D DEGREE Phys	nding Med. Stoff	23R. DATE SIGNED
AA- BURIAL CREMATION, 248. DATE BURIAL (Specify) BURIAL (Specify) 3-11-71	24C. NAME OF CEMETERY OF CRE St. Stanislaus		DALTO (Stote)
	258 NAME OF REGISTRAR	Nicholas T. Matthews	



	CEASED 7M				2. DATE A	ND HOUR OF DE	ATH	
	MINAS R	1146	NE		3//	0/71		111:5
				4. USUA	L RESIDENCE (Who	ere deceased lived	. Il institution:	residence before
SHILL NAME OF	TE NOT BY HOUSE	TAL OR INSTIT	ITION CIVE STREET					1/1
HOSPITAL OR	ADDRESS OR LOC	ATION)	SHOR, GIVE SIREE	c. City C	R TOWN	D.	INSIDE CITY	LIMITS?
27				RA	LTIMOR	E	YES X	NO
CERTIFICAT AMAME OF DECEASED	E. STREE	TAND NUMBER						
MERCY	THE NO. TAME OF DECEASED PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD THE NAME OF STITUTION SEX SEX SEX SEX SEX SEX SEX SE	37	B FOS	TER	AVE.			
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE C	F BIRTH		II Und Months	or 1 Yr. II Un
F	WHITE	MIDOMED	DIVORCED [1//	2/99	72		
	CUPATION (Give kind of wor	TOR KIND OF	BUSINESS OR INDUSTR	RY 11. BIRTH	PLACE (State or for	eign country)	12. CI1	TZEN OF WHAT
				RAI	TIMODE	HARVIA	NA C	150
				14. MOTH	TER'S MAIDEN NA	ME		
1.1-1.	101 47	4.10		1-	4>-		. , , , , , , , , , , , , , , , , , , ,	λ.
5. Was Decease	d Ever in U. S. Armed Fo	rces?	16. SOCIAL	17. INFOR	MANT A. MG	IH F		ADDRESS
(Yes, no or unknow	n) (If yes, give war or dot	es of service)	SECURITY NO. B	3 /11	Desert	Maria	, 371	1. 1
	- ê		216-05-4939	THUCO.	coloring	, we	, 5//	4 7000
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	not mean the mode of	dying, e.g.,	(A) IMMEDIATE CA	S A CONSEQ	UENCE OF:	***************************************		
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	ANIECEDENI CAUSES	3		(10			
DISEASES			(B) DUE TO, OR A	AS A CONSE	QUENCE OF:	****************		
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rise to 11	OR CONDITIONS, If	any, giving	(c) DIAB	AS A CONSECUTE S	AUENCE OF	.1745		
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ise to 11 UNDERLYIN OTHER SIGN	OR CONDITIONS, If the above cause (A) IG CONDITION fast. II FICANT CONDITIONS CONTROL OF THE BUT NOT RELATED TO 10 TO 1	eny, giving stating the Contributing the Contributing the Erminal RT 1 (A).	(c) DIAB	ETES 20A.A	UTOPST? (Yos or N		VERE FINDING CAUSES OF	S CONSIDERED DEATH?
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OTHER SIGNITION TO THE DEAD DISEASE OR 19 A. DATE OF 19 A. DATE OF 19 A. CONTRIBUTION OF	OR CONDITIONS, If the above cause (A) IG CONDITION fast. II IFICANT CONDITIONS CONTINUES CONDITION GIVEN IN PART OF PERATION 198 CONWAS PER INT WAS UNDERLYING AUSTON CAUSE OF	eny, giving staling the DNTRIBUTING THE TERMINAL RT 1 (A). MIGHTON FOR VETORMED	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street,	ETES	MELL UTOPSTR (Vos. or N	o) 208, IF YES, V		
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TRANCE OF DECLASED TRANCE OF DECLASED TRANCE OF DECLASED TRANCE OF BURNING MARRIAMS, WHIRE FERNOUNCED DEAD TRANCE OF BATHMORE MARRIAMS, WHIRE FERNOUNCED DEAD TRANCE OF BURNING COUNTY OF THE TRANCE OF BURNESS OF INDUSTRY II. 4 STRIPPLACE (Scale or brings county) TOOL USUAL OCCUPATION (five bind of week) BEND OF BUSINESS OF INDUSTRY II. 4 STRIPPLACE (Scale or brings county) TOOL USUAL OCCUPATION (five bind of week) BEND OF BUSINESS OF INDUSTRY II. 4 STRIPPLACE (Scale or brings county) TOOL USUAL OCCUPATION (five bind of week) BEND OF BUSINESS OF INDUSTRY II. 4 STRIPPLACE (Scale or brings county) TOOL USUAL OCCUPATION (five bind of week) BEND OF BUSINESS OF INDUSTRY II. 4 STRIPPLACE (Scale or brings county) TOOL USUAL OCCUPATION (five bind of week) BEND OF BUSINESS OF INDUSTRY II. 4 STRIPPLACE (Scale or brings county) TOOL USUAL OCCUPATION (five bind of week) BEND OF BUSINESS OF INDUSTRY II. 4 STRIPPLACE (Scale or brings county) TOOL USUAL OCCUPATION (five bind of week) BEND OF BUSINESS OF INDUSTRY II. 4 STRIPPLACE OF BUSINESS OF INDUSTRY II.								
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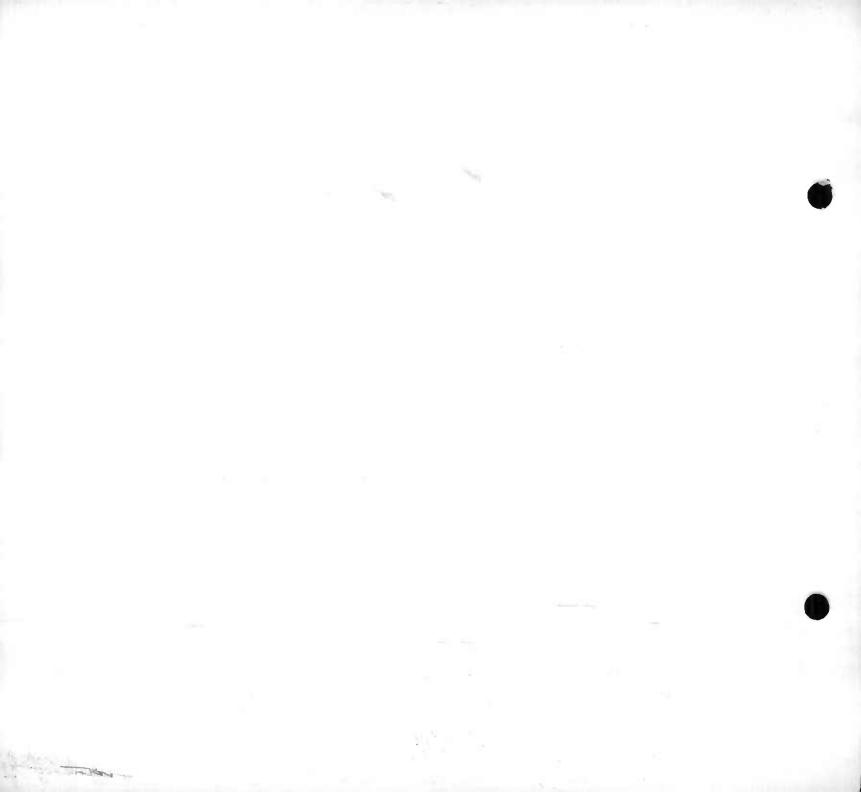


IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



ló. WA (Yes, no	S DECEASED EVER IN U.S. ARMED FORCES? or unknown) (II yes, give wor or doles of service)	17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS	
l h	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., leart follure, asthenia, etc. it means the disease, njury or complication which caused death.	(A)IMMEDIATE	iosclerotic cardio	APPROXIMATE IN SETWEEN ONSET A	
R	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING SISE TO THE ABOVE CAUSE (A) STATING THE JUDGERLYING CONDITION LAST.	(B)(C)	AS A CONSEQUENCE OF:		
의 된	THER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DATE OF OPERATION 208. CONDITION FOR		W.C. Dept. op. 170		
1000		(21. AUTOPSY? (Yes o	ir N
N US	DERLYING OR CONTRIB-	e, tarm, loctory, street, olli	, in or obout 22C. WHERE DID (II ce bldg., etc.) INJURY OCCUR?	in Boltimore City, give exact location)	
OF (AP.	. TIME (Month) (Doy) (Yeor) (Hour) : INJURY PROX.) m.	WHILE AT NO WORK AT	T WHILE WORK 222F. HOW DID INJU	RY OCCUR?	
	I certify that I held on Inquiry			basis, deoth in my opinion	
	ACTUAL SIGNATURE EXAMINER'S Charles S. Spri	mugale m.	CHIEF MEDICAL EXA	MINER DATE SIGN	NED

24C. NAME of CEMETERY or CREMATORY

M+ DUBLER

258. NAME OF REGISTRAR

NAME (Type) 24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/68

248. DATE

March 7, 1971

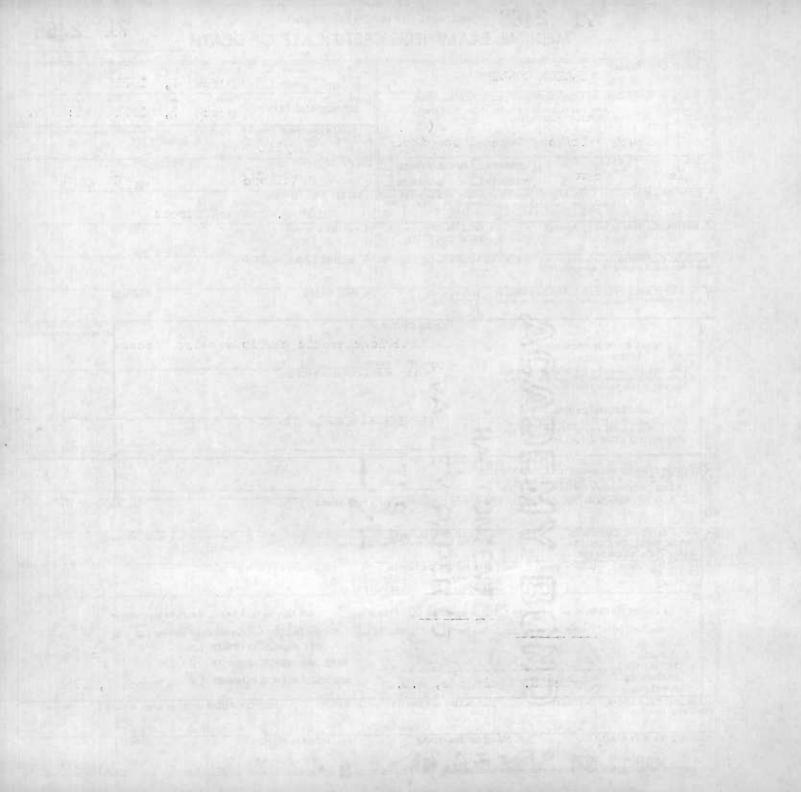
(State)

(City, town, or county)

ADDRESS BROWNIZZUMONTGOMEL

24D. LOCATION

25C, FUNERAL DIRECTOR



IMPORTANT

DIRECTOR:

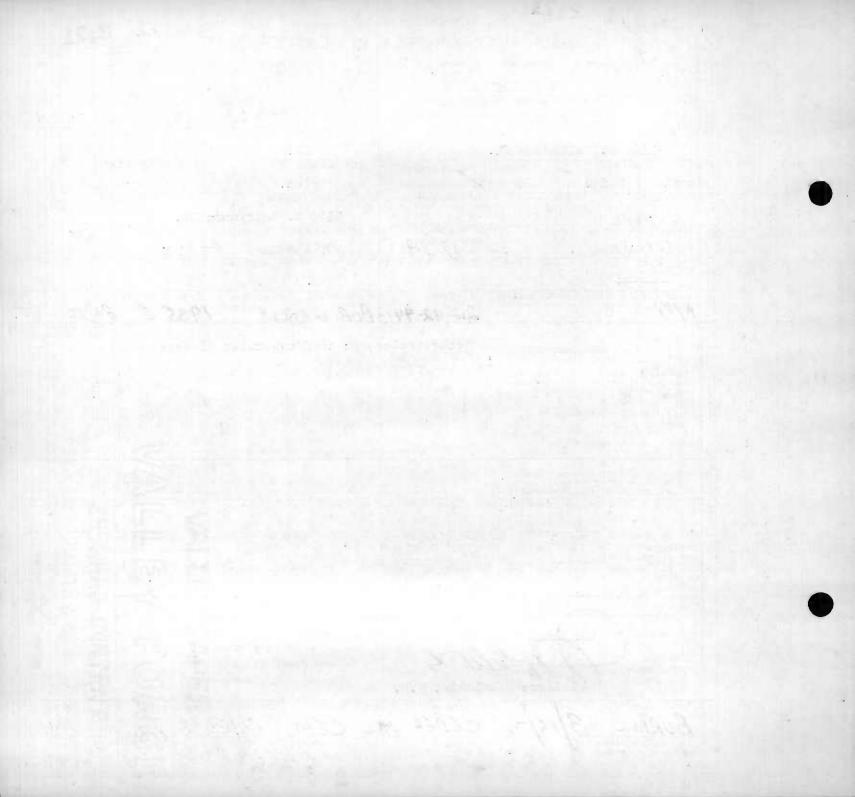
FUNERAL

FUNERAL

engal to be refer to the control of

25A. DATE REC'D BY HEALTH DEP.

VS 151-REV, 1/1/6B



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-220 71 BIRTH NO.	2472		TE OF DEATH	REG. NO.	1 2472
1. NAME OF DECEASED (Type or Print) Andrew Dasi	riewic	7		rch 11, 19	71 , 4:00 A
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (When	e deceased lived, Il inst	itution: residence belore admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA			Md.	14	105
105 S. Chester	St		Baltimore		E CITY LIMITS?
OD Baltimore, 212			E. STREET AND NUMBER		YES NO .
	OIL Made		105 S. Ches	ter St.	
5. SEX 6. RACE Male White	MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work)			11. BIRTHPLACE (State or lore)	81	12. CITIZEN OF WHAT COUNTRY
Retired Retired			Russia	g coonay	U. S. A.
Maciej Daskiew	icz		14. MOTHER'S MAIDEN NAM Unknow		
15. Was Deceased Ever in U. S. Armod Forc (Yes, no or unknown) (If yes, give wor or dotes	es? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.		220-30-742]	Maria Daski	ewicz 10	5 S. Chester
DISEASE OR CONDITION DIRE	CTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of heart failure, ostherio, etc. It means t	he disease,	DUE TO, OR AS	SE Cerebral Thros A CONSEQUENCE OF:	mbosis	March 1965
injury or complication which caused	leath.)	A 1			
ANTECEDENT CAUSES		Arterioso (8)	lerotic, Hyperter	nsive,Cardio	- 6/19/61
DISEASES OR CONDITIONS, if all rise to the above cause (A) tunderlying Condition last.	ny, giving stoting the	Vascular	A CONSEQUENCE OF: Disease		
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE	TERMINAL	\			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A.DATE OF OPERATION 198. COND WAS PERFO 21A.ACCIDENT WAS UNDERLYING	TION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTINO CAUSE OF	218. Phome, etc.)	LACE OF INJURY (e.g., in , form, fectory, street, off	or about 21C, WHERE DID INJURY OCCUR?	(If In Boltimore (City, give exoci location)
21D-TIME (Month) (Doy) (Year) OF INJURY (APPROX.)		Not While	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (1) (this hospital)	attended the		ne 19.1961 19	to March	2 5 10 71
that (1) (we) lost saw the deceased		March 5	77.7		on death occurred on the date
and hour and from the couses state		(We) Tdid) (did not) vi		(m)/ (ooi/ opinio	death occorted on the date
23A. SIGNATURE	Gener	Dr. A. Atten		hoff 23	BB, DATE SIGNED
23C. PHYSICIAN'S NAME (Typey		DEGREE 2:	3D. ADDRESS	hester St,	
Joseph F. D 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		ME of CEMETERY of CREA	Baltimon	ce. Maryland	27237 town, or county) (State)
Burial 3/13/7		ly Rosary (Di Di	mdalk	Md.
MAR 12 19/1 Jabous E	SINAME OF	0000	2 John M. We	ber 40	1 S. Chester
/S 150-REV. 1/1/68					

H₂

VS 151-REV. 1/1/68

1 -0-	BALTIMORE CITY	Y HEALTH DEPARTMENT		•
BIRTH NO. 71 24	74 CERTIFICA	TE OF DEATH	REG. NO.	1 2474
(Type or Print) Johnson N.	Attie L.	3/11	1/7	12:09 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR FULL NAME OF (IF NOT IN HOSPITAL OR IF HOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUNTY MARYLAND	deceased lived. If institution	7nt residence before admission)
INSTITUTION		C. CITY OR TOWN BALT I MORE	D. INSIDE CI	TY LIMITS?
3 THE JOHNS HOPKINS	HOSPITAL	E. STREET AND NUMBER 1311 N. CHAP		
	WED SE PIDIVORCED	5-10-16	54 Man	Under 1 Yr. II Under 24 Hrs. Onths: Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired) HOUSEWITE	D OF BUSINESS OR INDUSTRY	North Carolin		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN HAME		
JOHN KESKEN Westry	<u> </u>	MATTIE	aylor	
(Yes, no or unknown) (If yes, give wer or dates of serv	icel 16. SOCIAL SECURITY NO.	Mrs. Madeline	Lowry 2124	E. Biddle St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINED DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	ving the (c)	JSE USUME A CONSEQUENCE OF: A CONSEQUENCE OF: [20A. AUTOPST? (Yes er No)] 2	208, IF YES, WERE FINDIN N CERTIFYING CAUSES O	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 2 Menu Ac Considered OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If In Boltimore City,	give exact location)
OF INJURY (APPROXI	21E INJURY OCCURRED While At Not While Work At Work		OCCUR?	
22. I certify tha (I) This hospital attend that (I) (I) (I) (II) This hospital attend that (II) (II) (II) (III) (III) (III) (III) (IIII) (IIIIIIII	an March 16 e. (1) (We) (did) (did nat) v None Mache Phys	nding Med. Sta Director Phy 23D. ADDRESS	238, 0	deoth occurred on the dote DATE SIGNED SPITAL
24A, BURIAL CREMATION, 124B, DATE 124	DEGREE C. NAME OF CEMETERY OF CRE			rn, or county) [State]
Burial 3-15-71 256. NAI	It Calvary Com		Amundel Ct	, Md
VS MAR 12 TOT PLEAT 34	airea, on	A 500 600	928 E. Nort	h Ave.

Y 1 2 7 1 1 1 1 1 1 1 1

President Aller dison jug

VS 151-REV. 1/1/68

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPL

3-15-71

Burial

Mt Auburn Cometery

258. NAME OF REGISTRAR

March

Balto. . 25C. FUNERAL DIRECTOR

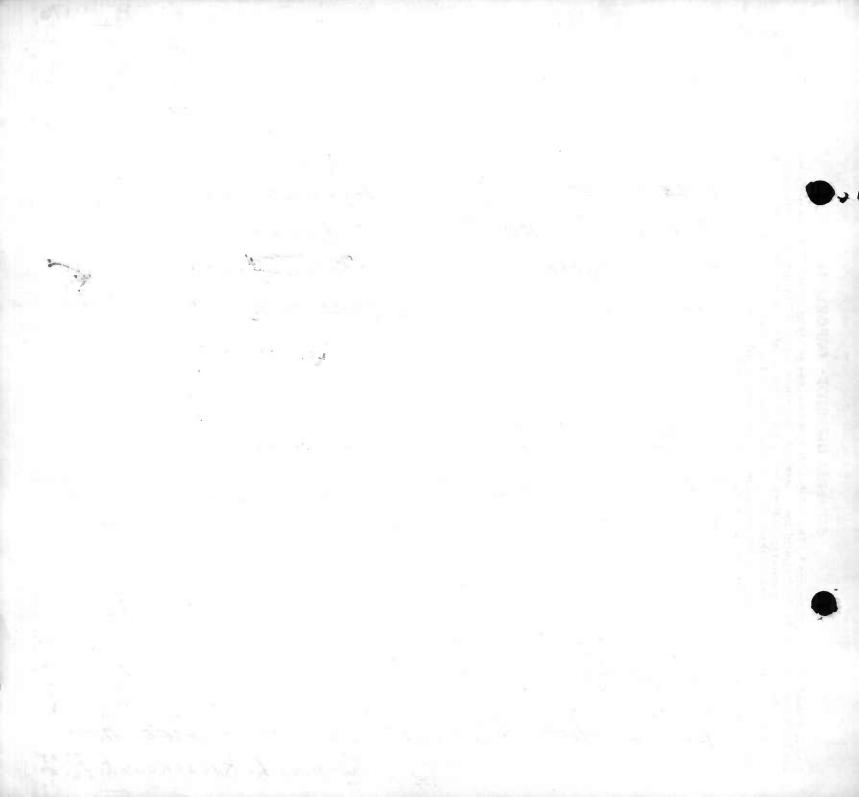
ADDRESS 928 E. North Ave.

-Comos di neciali Types T policy Mark Aller Winabon Shir House Level

. Na . odd of ground Community Bolton and .

consideration of the storage building the state of the sales

0.00	BALTIMORE CITY	HEALTH DEPARTMENT		71 2476			
71 2476	CERTIFICA	TE OF DEATH	REG. NO	11 2410			
BIRTH NO.							
I. NAME OF DECEASED	1)	2. DATE AND	HOUR OF DEATH				
Joseph No	UAK	3	- 4-11	16:35 H.M.			
3. PLACE IN BALTIMORE, MARYEAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	V	nstitution; residence before admission)			
		MIDILLA	15 de la 15	11)4			
FULL NAME OF (IF NOY IN HOSMTAL OR IN ADDRESS OR LOCATION)	SHIDHON, GIVE STREET	C. CITY OR TOWN	In this	SIDE CITY LIMITS?			
INSTITUTION		C. C	D. IN				
27m	1	DALTIMOR	=	YES NO			
MIRROY HOSPIT	TA/	E. STREET AND NUMBER	1- 1	1			
37 Mercy Hospin		820 S.Mi	LTON 1	AVE			
	IED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.			
MALE WHITE WIDOW	VED DIVORCED	1-22-1903	ast birthdoy)	Menns Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KINE		11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if refired)	, -						
CAPTAIN BAH	TO. TOWING	MARYLAND		U.S. A.			
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	E,				
1 1 1 1 1		1-	61-1-				
MICHAEL NOVAK		FRANCES 1	1LE15				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give war or dates of servi	cel SECURITY NO.	17. INFORMANT		ADDRESS			
No	SECONITI NO.	MRS. FRANK J	NoVAL	817 S.M. ITON AU			
	CAUSE OF DEAT		77000117	APPROXIMATE INTERVAL			
18./62,/1	CAUSE OF DEAT			BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY		()	. 1				
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE MCLUBLY a	of of	cerry			
This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	DUE TO, OR AS	A CONSEQUENCE OF:					
injury at complication which caused death.)							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, if any, gir	DUE TO, OR AS	A CONSEQUENCE OF:					
rise to the above cause (A) signing	nise to the above cause (A) stating the						
UNDERLYING CONDITION lost	(c)						
	NG						
TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL						
SINGLE OF CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar No)	208 IP YES. WERE	FINDINGS CONSIDERED AUSES OF DEATH?			
19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		1/0	IN CERTIFYING C.	AUSES OF DEATH?			
Old a Coloral Was Majoral Majoral	1218 BLACK OF WHITE	and a should be compared to the compared to th	III In Rolaton	and Cities when areast learning)			
L OR CONTRIBUTING TICALISE OF	218 PLACE OF INJURY (e.g., i	fice bidg INJURY OCCUR?	fit in position	ore City, give exact location)			
DEATH (notify medical examined	elcJ						
	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
S OF INJURY	While At Not While						
(APPROXI	Work At Work			2 0			
22. I certify that (I) (this hospital) attend	ed the deceased from	3-3-1	9 7/ to	3 - 7 19//			
that (I) (we) last saw the deceased office	3-9	19 7 and the	t In(my) (our) or	olnion death accurred on the date			
			1 111(111)7 (001) 01	inon addin decontra on the adde			
and hour and fram the causes stated above	e. (1) (We) (dld) (dld not)	view the bady after death.					
23A. SIGNATURE	1/		/	23B, DATE SIGNED			
11 mode	UALL. Dhy	ending Med. Director	Stuff Phys.	3-9-71			
23C. PHYSICIANS	DE GREE ""	23D. ADDRESS 7					
23C. PHYSICIAN'S NAME (Type)		/-					
11200 Ke	un KIMEGREE	M	es cy	Cognital			
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City, town, or county) (Sale)			
24A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CR		CATION (
Burial 3/13/71 1	C. NAME of CEMETERY OF CR	EMETERY B.	CATION (1)	RE MID.			
BURIAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 125B. NA	C. NAME of CEMETERY OF CR		CATION (
Burial 3/13/71 1	C. NAME of CEMETERY OF CR	EMETERY B.	CATIONS (CATIONS)	RE MID.			



1.250

71 2477 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 71 2477

BI	RTH NC.	REG. NO.
	NAME OF DECEASED Pe or Print) MADX TOGAN	2. DATE Known X Month Doy Year Hour
	MARI L, LOCALI	OF DEATH Estimoted March 6, 1971
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
HC	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION) NINSTITUTION	PRONOUNCED DEAD March 6, 1971 8:50 A.
-	Church Home & Hospital	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE Mary Land B. COUNTY
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	Female White WIDOWED DIVORCED	Baltimore YES NO NO
9.	DATE OF BIRTH 10. AGE (in years of Under 1 Yr. II Under 24 Hrs. Months: Doys Hours of Min.	E. STREET AND NUMBER 203 S. Regester Street
11.	BIRTHPLACE (Stote or Idreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
A	A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
dor	ne during most of working life, even if retired)	
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	TOHNNIE NUEMBER 18. INFORMANT ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	MAC D'a la Realizat de Paris de M
-	19. CAUSE OF DEAT	H APPROXIMATE INTERVAL
	1/- 0 4 1/1	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AUSE Massive intracranial hemorrhage
	(This does not mean the mode of dylng, e.g., heart foliure, osthenio, etc. It means the disease, injury ar complication which coused death.)	S A CONSEQUENCE OF:
Н		
	ANTECEDENT CAUSES (B) Rup OUT TO OR	tured saccular aneurysm S A CONSEQUENCE OF:
Н	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	S A CONSEQUENCE OF:
Z	UNDERCTING CONDITION LAST. (C)	
Ě	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
SE	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFICATION	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	5 PERFORMED 21. AUTOPSY? (Yes or No)
ü	2)	Yes
¥	22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g., i	n or chard 22C WHERE DID (II to Bellimore City of the sent level)
EDICAL	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	bldg., etc.) INJURY OCCUR?
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) WHILE AT NOT Y WORK AT W	MILE
	23.	
	I certify that I held an Inquiry Inspection Aut	opsy X and that on this basis, deoth in my opinion
	resulted from: Notural couses X Accident Suicide	
	ACTUAL ()	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER LA
	EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER March 7, 1971
RE	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY O	Control (Control)
1	SURIAL 3/9/71 St. STANISLAUS	CEMETERY BALTIMURE MD.
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
	MAR 12 1971 Rock & Jabes MA	BAYMANIA LAKACZAROWSKI 2525 PLEET J.

EX # 1271-1-0 A SECULE VERSE AND A SECULE OU SEED ON DESCRIPTION

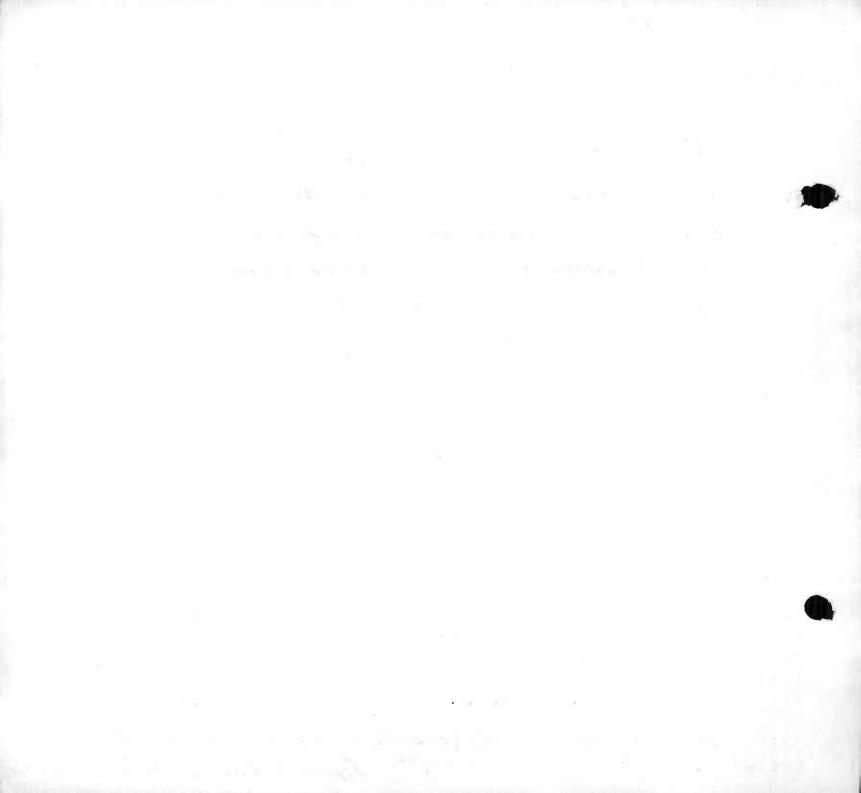
W3333

71 2478 BALTIMORE CITY HE. BIRTH NO. 1. NAME OF DECEASED	CERTIFICATE OF DEATH REG. NO.	2478
1. NAME OF DECEASED	IIO DAYE	
(Type or Print) AUGUST L. WIEDENHOEST	OF Month Day Year	Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted March 7, 1971	м
	3. DATE Month Doy Yeor	Hour
HOSPITAL ADDRESS OF LOCATION	Mar d 7, 1971	12:35 A
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence	
Church Home & Hospital (DOA)	A. STATE Maryland B. COUNTY	(1))
	15	202
MARKIED MEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Male White WIDOWED DIVORCED	Baltimore YES 🔀	No 🗆
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET AND NUMBER	
11-16-89 1031 DIFFINITELY MIN.	226 N T	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	236 N. Luzerne Avenue	
MARYIAUD WHAT COUNTRY?		
WICHELLAND 4.5.4.	AUGUST WIEDENHOEFT	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
SHIPPING CLERA PET.	KNINOW D	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	mor 1 100: - 111: = == 131	1/1000-1
19. / CAUSE OF DEAT	MRS. CARRIE WIEDENHOEFT 236	N. HULLKNE A
	OFF)	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterioscl	lerotic cardiovascular disease	
LEADING TO DEATH (A)IMMEDIATE C	AUSE	
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	***********
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST.		
O THER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	£ 252 0 2 1 5	
O CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTO	OPSY? (Yes or No)
		No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., I	In or obout 22C. WHERE DID (If in Boltimore City, give exect location) bldg., etc.) INJURY OCCUR?	.10
☐ UTING ☐ CAUSE OF DEATH.	bidg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Year) (Hour) 22E INTILEY OCCUPRED	22F. HOW DID INJURY OCCUR?	
OF INJURY	WHILE T	
23. m. WORK AT WO		
I certify that I held an Inquiry Inspection X Auto	opsy ond that on this basis, death in my opinion	
resulted from: Natural causes Accident Suicide	e Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL ()		DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER March 7,	1971
NAME (Type)		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OR	or CREMATORY 24D LOCATION (City, town, or county	(Stote)
Durial 2/10/21 Net 1000	college Delte	V
254. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FINEDAL DIRECTOR	7 -
MAR 1 2 1971 Jane E. Jane M. Q.	25C FUNERAL DIRECTOR ADDRESS	1,10
MILLIN TO 1218 CONTON LONG 150	Mayshould I. Keensweeke 252	5 theit St
S 151-REV. 1/1/68		- /-

11-16-189. Mine Stans # 5 4. HERST BUT DEN HEEFT degreened. SHIPPING PLEER ALT. From ENTA ART. CARRIE Wienenwart 235 Kluss Acres 2/11/11 Mr. Carnel and Bullinger Mil.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



11 1/97 14 (401)	CERTIFICATE OF DEATH REG. N	. 71 2480
1. NAME OF DECEASED (Type or Print) ARMETA ALSTON	2. DATE Known Month Doy OF DEATH Estimated	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy PRONOUNCED DEAD	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3 9	1971 6 р м.
00 940 W. Saratoga St.	5. USUAL RESIDENCE (Where deceosed lived. If institu A. STATE B. COUNT	1801
6. SEX 7. RACE B. MARRIED NEVER MARRIED NEVER MARRIED NAMED	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
iemale negro WIDOWED DIVORCED		YES NO L
4/11/1869 lost birthdoy) Months, Doys, Hours, Min.	940 W. Saratoga St.	
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF MALY COUNTRY?	13. FATHER'S NAME	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	TN DRESA SUNNE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	A JOHNH KUSSER SY	ADDRESS & ANTOJA C
19. 17 4 XI CAUSE OF BEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	f breast with metastases	
LEADING TO DEATH (This does not meon the mode of dying, e.g., OUE TO, OR	CAUSE AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		no
228. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, foctory, street, office UTING CAUSE OF DEATH.	, in or obout 22C. WHERE DID (If in Boltimore City, give ce bldg., etc.) INJURY OCCUR?	exoct locotion)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	T WHILE	
I certify that I held an Inquiry Inspection X Au	utapsy and that an this basis, death in	my apinian
	de Hamicide Undetermined manne	
	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MILITARY M.I.	D. ASSISTANT MEDICAL EXAMINER	DAIL SIGNED
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER	3/10/71
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY REMOVAL (Specify)	- CT N	lown or county) (Stote)
13mmc (1/10/11	1020	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		
MAR 12 1977 Pala E Zallan R.D.	mars un to Lynns	6380 gram 1+

FUNERAL DIRECTOR: IMPORTANT

5-2-5-4	T-520 71 2481 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 2481
pital and of death Deceased on the ath. Such	1. NAME OF DECEASED (Type or Print) # Defa Lel 2 P. M. 3-19-7/
cause use; (5)	3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD 4. USUAL RESIDENCE (Where Deceased lived, II institution: residence before admission) FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN YES NO YES
T	hospital. BALTinore md. 2120/ 1348 N. Canon St
th occurred in contributing determined ca in regular at eccased prior on is made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min.
deat Unde as in	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FAMHER'S NAME 13. FAMHER'S NAME
	S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
the the the kin de fina	18. CAUSE OF DELIVER OF DELIVER SECURITY NO. MI HOW THOMAN 1348 THOMAN
Also, e of al	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
iner. actur pror ular mbal	(This does nal mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
exametal (3) A in which re-	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. (B) ACTO CONDEQUENCE OF: (C) A a acratic and mittal Yalke
medical y burns, physicia	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
he chief I by a n (2) Body bre the F physicic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 3 - (0 - 7 WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, fociory, street, office bidg., INJURY OCCUR?
by the rep. (Death (nobby medical examined)
oved e hos y natu ccept nd (6)	APPROX.) While AI No! While AI No! Work
appropriate to the cof any al (expense); a h); a	22. I certify that (1) (this hospital) ottended the deceased from 3 - 8 - 7 19 to 3 - 9 - 19 that (1) (we) last saw the deceased alive an 3 - 7 19 and that in(my) (our) apinion death occurred on the date
must be celeased tecident of hospital to death) all must b	and haur and from the causes stated above. (1) (We) (did) (dld not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
a a contract	230_PHYSICIAN'S NAME (Type) DEGREE Attending Med. Stoff Phys. Director Phys. Di
Correction of the property of	24A. BURYAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Cip., town, or county) (Stotel)
	MAR 12 1971 Best C. Jacker, N.D. 25C. FUNERAL DIRECTOR JUNE 3 Sylling 125C. FUNERAL DIRECTOR JUNE 3 SYLLING



ACTUAL SIGNATURE EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.

24A, BURIAL CREMATION, PREMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

WS 151-REV. 1/1/68

DATE SIGNED

ASSISTANT MEDICAL EXAMINER S

3/10/71

24D. LOCATION (City, town, or county) (Stote)

25C. FUNERAL DIRECTOR

ADDRESS

SA GILLIA SIGNED

ASSISTANT MEDICAL EXAMINER S

3/10/71

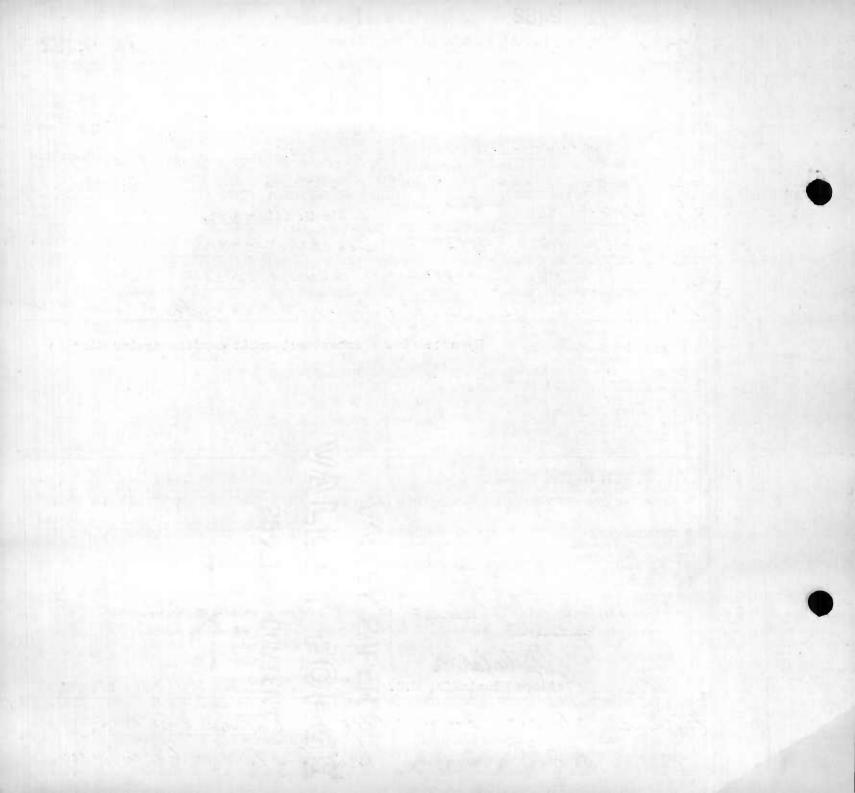
25D. SOCIATE MEDICAL EXAMINER S

3/10/71

24D. LOCATION (City, town, or county) (Stote)

25D. SOCIATE MEDICAL EXAMINER S

3/10/71



VS 150-REV. 1/1/68





(State)

Md.

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



	3-432 TH NO.	11	2485		HEALTH DEPARTA		REG. NO	71	2485
	Pe or Print)		e W. (Goldsborough	2.	March 1	R OF DEATH	1 .	7:30 A
FL	ILL NAME OF OSMITAL OR STITUTION	ore MARYLAND, W (IF NOT IN HOSPITADDRESS OR LOCAL B Falls Ro	AL OR INSTIT	UNCED DEAD	4. USUAL RESIDEN A. STATE Marylan C. CITY OR TOWN Baltimol E. STREET AND NU	CE IWhere deced	D. INSI		lence before admission)
5.	SEX (6.1	RACE W	7- MARRIED		8- DATE OF BIRTH 8-17-1902	lost birt	(In yeors Ihdoy)	Il Under 1 Months Do	Yr. II Under 24 Hrs. ys Hours Min.
1	Agent	TION (Give kind of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY Estate	Cambride	to or loreign coun	ntry!		OF WHAT COUNTRY
	11.3	ips Lee G		rough	Ellen S				
1S. (Ye	Wos Deceosed Eve s, no or unknown)	r in U. S. Armed Fore yes, give wer ar deter VVVVII	es? of service)	16. SOCIAL SECURITY NO. 219-30-6709	Mrs. E	Eleanor (Goldsbo		Same
NOTION	(This does not report to the control	DING TO DEATH nean the made at lenia, etc. if means aften which caused ECEDENT CAUSES CONDITIONS, if a bove cause (A) ONDITION last. If CONDITIONS CON IT NOT RELATED TO TH ITON GIVEN IN PART	the disease, death.) ny, giving stating the ITRIBUTING ETERMINAL		A CONSEQUENCE OF		lar dis		sw years.
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MEDIC	21D. TIME (MC OF INJURY (APPROX.)	onth) (Doy) (Year)		INJURY OCCURRED le At Not While At Wark		DID INJURY OC	CUR?		
	that (I) (re) last	14/000	attended the alive on	(Na) (did) (did not) vi	ding Med. Director	death.	y) (****) apln	238, DATE SIG	ccurred on the date
E	BURIAL CREMATI REMOVAL (Specif Burial	ON. 248. DATE y) 3-13-1	24C. NA	ME of CEMETERY OF CREA	MATORY	24D. LOCATION	n (Cily oridge,	CO.	unty) (Stote) Md .
10	AR 1 2 197	72.68	Ja Bay	K.D. U O	490	venklins Venklins Verk F	& Sons Road Ba	Co. alto.,	Md. 21212



J-520 71 2486		Y HEALTH DEPARTMENT	REG. NO.	71 2486		
1. NAME OF DECEASED (Type or Print) JONES MR. CHARLES	R,	2. DATE A	ND HOUR OF DEATH	. 2 15		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (Wh	12 - 71	A		
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) 34BON SECONAS HOSPITAL	N, GIVE STREET	A. STATE B. COU MARYCAND C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER	D. INS	SIDE CITY LIMITS? YES NO NO NO NO NO NO NO NO		
JOHN SECURES HUSHINA		2104 ASHTO	of CT			
M WIDOWED	NEVER MARRIED	8. DATE OF BIRTH 8/7/09	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life, even if refired) Bethlehen		11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTY		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
CHARLES JONES		VIRGINIA	CASE			
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give war or doles of service)	SOCIAL SECURITY NO.	17. INFORMANT	-//	ADDRESS		
118.	3-07-6072	Frank B	Janes 2	104 achter st		
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart laiture, asthenia, etc., it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.			Jun Jeart	tode I year		
19A. DATE OF OPERATION 198. CONDITION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes or N	OR IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF CONTRIBUTING CAUSE OF DEATH (notify medical examines) NO elc.)	CE OF INJURY (e.g., in rm, factory, streat, of	ar a bout 21 C. WHERE DID	(If In Baltimar	re Cliy, give exact location)		
21D.TIME (Manth) (Day) (Year) (Hour) 21E INJU VAPPROX.) White At Wark	JRY OCCURRED Not White At Work	21F. HOW DID INJ	URY OCCUR?			
22. I certify that (1) (this hospital) attended the de	ceased from	3-11	19 7 (ta	3-12 10 71		
that (i) (we) last saw the deceased alive on	3-	11 19 7/ ond th	at in(my) (aur) and	nion death accurred on the de-		
and haur and fram the causes stated above (i) (We) (did) (did nat) view the body after death.						
23A. SIGNATURE C. Mahle 07		nding Med.	Shaff Phys.	23B. DATE SIGNED 3-12-7/		
P.C. KA HLE	DEGREE	3D. ADDRESS				
Burial 3-15-71 LOVE	OF CEMETERY OF CRE	MATORY 24D. L	BALTO	ly, town, or county) (Stole)		
MAR 12 1971 Dec. 258, NAME OF RE-	GISTRÁR O I O	25C. FUNERAL DIRECTOR	zl Funeral for	address		



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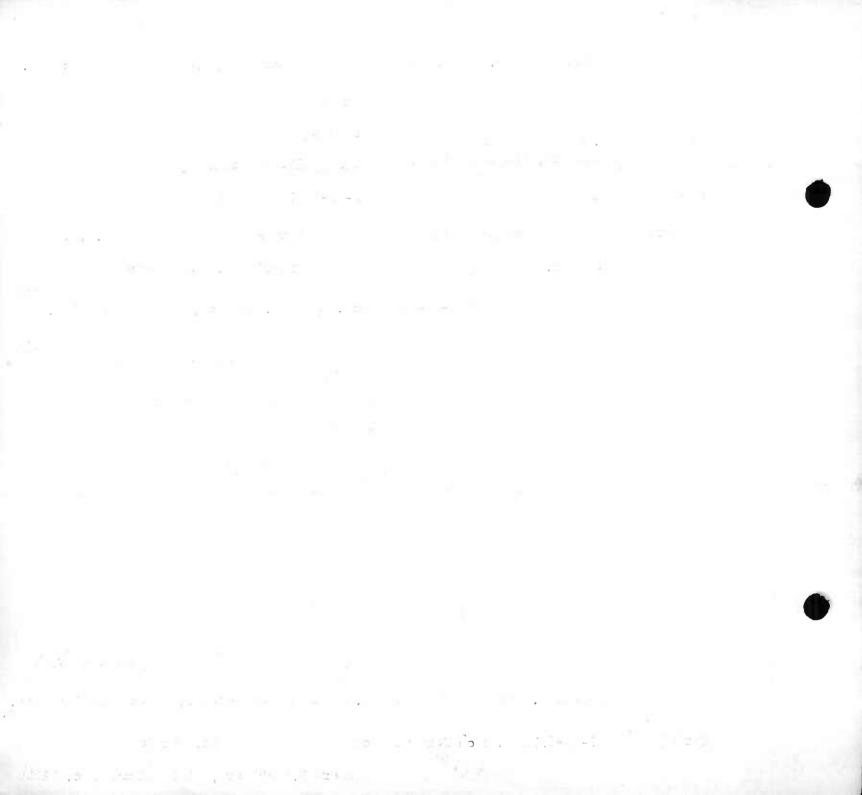
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1. NAME OF DECEASED 1. NAME OF DECEASED 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 3 - 8 - 7 /
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NOTE TO STATE STREET AND NUMBER SEX 6. RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH 9. AGE (In years Months! Days Hours Min. OA. USUAL OCCUPATION (Give kind of work 108, kind of Business Or Industry 11. Birthplace Islate or Israely Country) Industry 12. Citizen of What Country ARY LAND I. L. Citizen OF WHAT COUNTRY OA. USUAL OCCUPATION (Give kind of work 108, kind of Business Or Industry 11. Birthplace Islate or Israely Country) ARY LAND UNITED STATE S. Was Deceased Ever is U. S. Armed Forces? S. Was Deceased Ever is U. S. Armed Forces? S. Was Deceased Ever is U. S. Armed Forces? S. Was Deceased Ever is U. S. Armed Forces? S. Was Deceased Ever is U. S. Armed Forces? S. Was Deceased Ever is U. S. Armed Forces? S. ECURITY NO. 17. INFORMANT ADDRESS ADDRESS
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OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) In a BIRTHPLACE ISlate or Israely country WIDOWED DIVORCED 044-07-188 II. BIRTHPLACE ISlate or Israely country WINTED STATE S. FATHER'S NAME II. MOTHER'S MAIDEN NAME II. MOTHER'S MAIDEN NAME III. MOTHER'S MAIDEN NAME S. Wos Deceased Ever ie U. S. Armed Forces? S. Wos Deceased Ever ie U. S. Armed Forces? S. Wos Deceased Ever ie U. S. Armed Forces? S. ECURITY NO. III. BIRTHPLACE ISlate or Israely country UNITED STATE ADDRESS SECURITY NO.
Some during most of working life, even if refired) Sales man ARY LAND UNITED STATE ADDRESS Sweet Deceased Ever in U. S. Armed Forces? Yes, no or Unknown! Ill yes, give wer or dates of service) LINDERMANT ADDRESS ADDRESS ADDRESS
3. FATHER'S NAME Burges B. Allen S. Wes Decesed Ever in U. S. Armed Forces? S. Wes Decesed Ever in U. S. Armed Forces? Yes, no or Unknown! Ulf yes, give wer or dates of service) 14. MOTHER'S MAIDEN NAME L. Informant 17. INFORMANT ADDRESS
S. Wes Decessed Ever in U. S. Armed Forces? Yes, no or unknown! Ulf yes, give wer or dates of service) ADDRESS SECURITY NO.
2/2-03-8248 V/m, A. A/en-4607 La Ja/le A/enserval CAUSE OF DEATH RETYMEN ONST AND DEATH
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,
injury or complication which caused death.)
ANTECEDENT CAUSES (B) UVI - CHRONIC-RENAL INSUFFICIENCY GIBLE
DISEASES OR CONDITIONS, If any, giving the lot the above cause (A) stating the disease of the above cause (A) stating the disease of the above cause (A) stating the
vise to the above cause (A) stating the analysis of the UNDERLYING CONDITION lost.
ONDERLING CONDITION loss.
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OFFERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 1 [21B. FLACE OF INJURY (e.g., in or about)21C. WHERE DID ((ii in Bolitmore City, give exect locotion)
OR CONTRIBUTING CAUSE OF home, form, foctory, sheet, office bidg. INJURY OCCUR?
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Work At Work
22. I certify that (1) (this hospital) attended the deceased from 19 19 11 to March 19 19 19
that (1) (we) lost sow the deceased alive on 1000 8 19 71 and that In(my) (aur) apinion death accurred an the de
ond hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
23A. SIGNATURE 23B. DATE SIGNED
May M. Coalcaga Phys. Attending Director Phys. 3-8-7
Phys. Director Phys. W
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
23C. PHYSICIAN'S NAME (Type) DEGREE 23D. ADDRESS DEGREE
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY of CREMATORY (State)
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEGREE 24A. BURIAL CREMATION, REMOVAL (Specily) Burial 24B. DATE 3-1 1-1971 Parkwood Cemetery. Baltimore, Maryland.
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY of CREMATORY (State)

FUNERAL



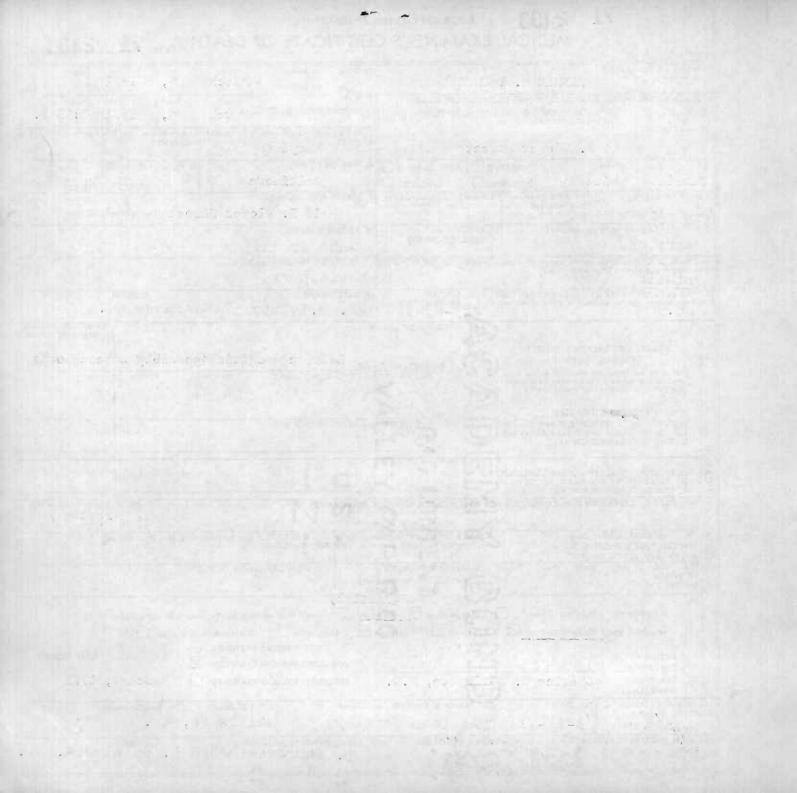
IMPORTANT

FUNERAL DIRECTOR:



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10-635		-401	CERTIFICA	TE OF	DEATH	REG. NO	71	2404	
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(Type or Print)	CHESTE	R J	BORMAN	J		D HOUR OF DEAT			
3. PLACE IN B	ALTIMORE, MARYLAND, V				March	9, 1971	in ditution: tot	idanca hafara	A
				A. STATE	B. COUN	TY	mamonon, tea	numice before	Domission
FULL NAME O	OF (IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTIT	UTION, GIVE STREET		land			154	
NOITUTITZNI				C. CITY OR		D. IN	ISIDE CITY LIA	VITS?	
1/1	St. Agnes Ho	nen ital		Balti	MOTE		YES X	NO L	<u> </u>
70	Wilkens & Ca		muoo			l de constant			
5. SEX	6. RACE			8. DATE OF	Parkton S				
Male	White	WIDOWED		March	6, 1910	9. AGE (In years last birthday) 61	Months I	Doys Hours	der 24 Hrs Min.
10A. USUAL OC	CUPATION (Give kind of world) of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY		A CE Stote or fore	gn country)	12. CITIZI	EN OF WHAT	COUNTR
	chnican	Calvert	Distillery		Do		,	T C A	
3. FATHER'S N.		Carvert	Distillery	Penna. U.S.A.					
	77 1-								
5. Was Dagane	Unknown		N. C. C. C. C.		nknown				
Yes, no or unknow	vn) (If yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORM	ANT			ADDRESS	21229
Yes	WWII		176-12-7397	Mrs. P	auline Bo	rman, 4358	Parkto	on Stree	et
18. def	017		CAUSE OF DEAT					APPROXIMATE	INTERVAL
DISE	ASE OR CONDITION DI	RECTLY		4		-11	BE	ETWEEN ONSET	AND DEAT
ATTICAL PLANE	LEADING TO DEATH		(A)IMMEDIATE CAU	ISE CO	toner	, Chown	4000	mal	andle
heart failure	nat meon the made of , asthenia, etc. it means	the disease.	DUE TO, OR AS	A CONSEQUE	NCE OF: /			***************************************	
injury or co	amplication which coused	death.)							
	ANTECEDENT CAUSES		(8)	A	\mathcal{P} . $<$,	VD	Z	2-3 W	YO
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUI	ENCE OF:	************			
UNDERLYIN	he above cause (A)	sloling the	(c)						
1 1 1 1 1 1 1 1	11		(0/						
OTHER SIGN TO THE DEA	IFICANT CONDITIONS CO.	NTRIBUTING							
TO THE DEA	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL	***************************************	*************					
19A. DATE O	F OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20A. AUT	OPSY? (Yes or No)	208. IF YES, WERE	FINDINGS C	CONSIDERED	
21A. ACCID	100	100				IN CERTIFYING C.	AUSES OF DE	EATH?	
OR CONTRIB	ENT WAS UNDERLYING DESTRUCTION	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C	WHERE DID	(If to Boltime	ore City, give	exoct location)	
DEATH (notif	ly medical examined	etcJ	o, toling tocioty, silent of	ice bidge, 1143	OKI OCCOR				
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	y that (1) (this hospital			5-11	4		Merk	/	97/
) lost saw the decease					t in (my) (our) op	inlon death	occurred or	n the date
	nd from the causes stat	ed above. ((We) (did) (did nat) v	iew the bad	y after death.				
23A. SIGNAT	URE	//			-		23 B. DATE	SIGNED	
	Jan	nu	After Phys	nding -	Med.	hys.	3/	10/7	1
23C. PHYSICI NAME (AN'S Type)			3D. ADDRESS			1.		
	John C	. Poun		3325	Frederick	Avenue, B	alto	Md. 212	229
A. BURIAL CR	EMATION, 248 DATE	24C. NA	ME of CEMETERY OF CRE				City, town, or		(Stote)
REMOVAL	(Specify)								131016/
Burial	3-12-19 D BY HEALTH DEET.		st Lawn Cemet			ard County	, Maryl		
MAR 1	5 9078 AD A	25B NAME O	/ CONTRACT		ERAL DIRECTOR			ADDRESS	
111/11/11	is the base	C. TRUS	See Miller	Howa	rd H. Hub	bard, 4107	Wilken	s Ave.	21229

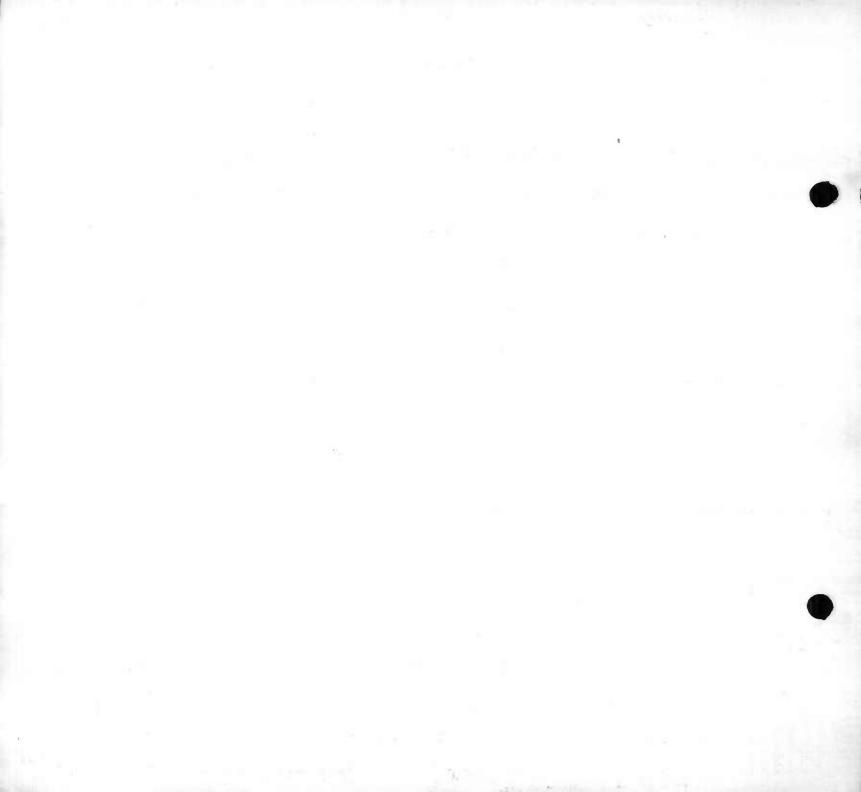
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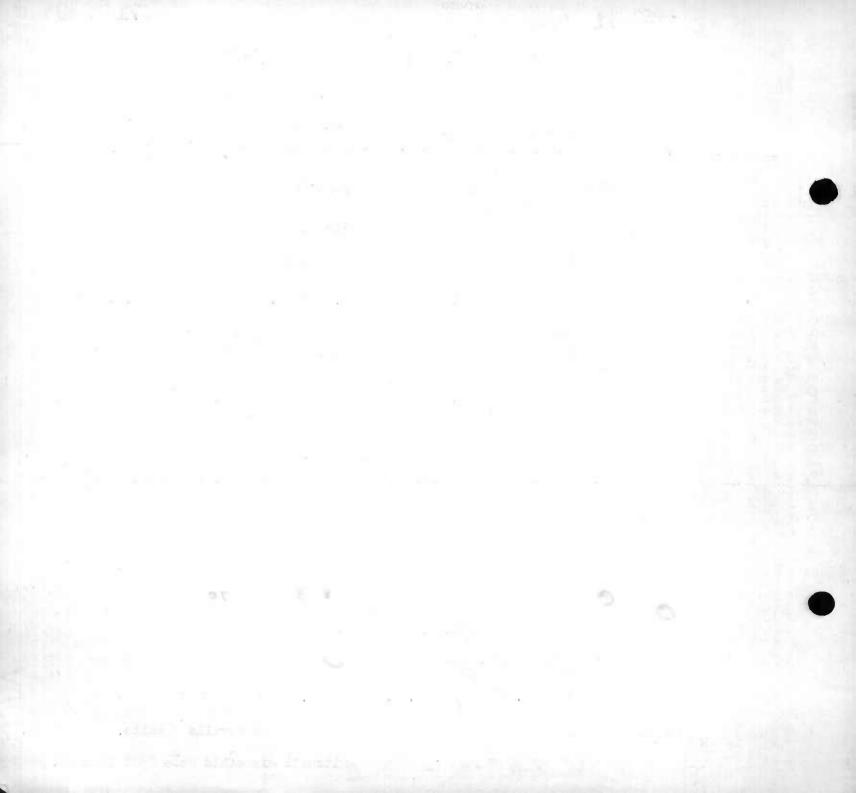


IMPORTANT

DIRECTOR:

FUNERAL





HARBED 1' BIRKE

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IMPORTANT

FUNERAL DIRECTOR:

2497. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min, Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 0 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location)ond that in (my) (aur) opinion death accurred an the date 23B. DATE SIGNED (City, town, or county) ceased written shows: Balto. Md. Mas ADDRESS de Wiedefeld Home 6500 York Rd. VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

. Also and report to the second of the secon

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

-	_		BALTIMORE CITY	HEALTH DEPARTMENT		71 2400			
E-46.	3 71	2498	CERTIFICA	TE OF DEATH	REG. NO	2430			
BIRTH NO.		*	GERTHION						
Type or Print)	CEASED				ND HOUR OF DEATH	7 7 7			
	OSEPHINE			1000	0-71 (a				
3. PLACE IN BA	LTIMORE, MARTLAND, W	HERE PRONOL	NCED DEAD	A. STATE B. COU	ere deceased lived, If it	nstitution residence before admission)			
FULL NAME OF	IF NOT IN HOSPITA	L OR INSTITU	TION, GIVE STREET	Maryland Baltimore 5 3 0 0 0 c. City Or TOWN D. INSIDE CITY LIMITS?					
HOSPITAL OR	ADDRESS OR LOCA	TION							
3.3				Baltimore, M.D YES X NO XXX					
1				E. STREET AND NUMBER	,01	2			
SOHNS.	HOPKINS	Ho	SPITAL	B. DATE OF BIRTH 19. AGE IIn years II Under 1 Y6. II Under 24 Hrs.					
5. SEX	6. RACE	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	Months Days Hours Min.				
F	W	WIDOWED	DIVORCED .	3-1-01	70				
	UPATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign countryl	12. CITIZEN OF WHAT COUNTRY?			
	working life, even if refired)		77	74-3-	T4 - 3				
	ewife		Home	Italy		Italy			
3. FATHER'S NA				14 MOTHER'S MAIDEN N	•				
C	atoldo Scar	pello		Mary Sodor					
5. Wes Decese	d Ever in U. S. Armed Fere	067	1 6. SOCIAL	17. INFORMANT	ADDRESS				
	n) (If yes, give war or date	s of service)	SECURITY NO.	In a p m					
No	-		218 09 8544	D Geo. P. Elardo Same					
18.	20		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEA	SE OR CONDITION DIS	ECTLY							
	LEADING TO DEATH		CANMANDIATE CAU	SE PARDIS / REST	IR It SUFFI	10'			
	not mean the mode of		DUE TO, OR AS	SE PARDIS / REST	7				
	, asthenia, etc. It means mplication which caused					V			
injuly of co		4041111	1			4-4			
	DISEASES OR CONDITIONS. If gay, giving DUE TO, OR AS A CONSEQUENCE OF:								
	OR CONDITIONS, II		DUE TO, OR AS	A CONSEQUENCE OF:					
	he above cause (A)	slating the	10 GARCI	NOTA OF O	UPRI				
ONDEREN			(0)						
z	11								
OTHER SIGN	IFICANT CONDITIONS COI ATH BUT NOT RELATED TO TI	NIKIBUTING				Second Control of the			
▼ DISEASE OR	CONDITION GIVEN IN PAR	[] (A).		100	1-11 50B 40 Mac 1440-				
19A. DATE C	F OPERATION 198 CON-	DITION FOR V	WHICH OFERATION	20A AUTOPSYT (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED			
94.3				Yes		No			
U 21A. ACCID	ENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(II In Boltimo	ore City, give exact location)			
Z DEATH (noti	ly medical examined	etcJ	and the sociality success of	no single install according					
21D. TIME		(Ham) 121 E	INJURY OCCURRED	21F. HOW DID IN	HILLY OCCUPY				
OF INJURY	(Month) (Doy) (Year)	10.00			MORI OCCURI				
IAPPROXI		Wo	ie At Not While						
22 1	y that (1) (this hospital				19 2 / ta	3-10- 19/1			
				207/					
that (I) (we) last saw the decease	d alive an_	9 7	19ond	that in (my) (out) op	inion death accurred an the date			
				iew the body after death	•				
23A. SIGNAT		/	7,7,7			238 DATE SIGNED			
Attending Med. Stoff 2 2-16-7/									
	All orland		DEGREE Phy		Phys.	01011			
23C. PHYSIC	Trypel /	,		23D. ADDRESS					
-	1/1/1/1/	Novoll		The Joh	ns Hopkins	Hospital			
24A. SURIAL CO	LEMATION, 248, DATE		DEGREE OF CR			City, town, or county) (State)			
24A, SURIAL CI REMOVAL	/	270.11	and the contract of the						
Buri		. Ba	ltimore Natio	nal Cemetery	Baltimore M	a.			
25A. DATE REC	D BY HEALTH DEPT.	250 NAME	THE SASISTRAR	25C. FUNERAL DIRECTO	Quelles	soli- ADDRESS			
MAR 15	THE VASOUR E	Section .	2 0 0	James E. Bri	izdzinski 14	07 Eastern Ave.			
1111-11/ 1	1/40	fra Ma							
VS 150-REV. 1/									

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way man a port porteonal of com-

6. SEX	7. RACE		B. MARRI	ED NE	VER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	TY LIMITS?
Male	Wh	ite	WIDOW	_	DIVORCED [imore		r#
9. DATE OF BIRT	H	10. AGE (in				E. STREET AND NU		YE.	s A NO L
DEC. 7.	1903	losi birthdo	Y)	Months D	oys Hours Min.			A == 0 == 0	
11. BIRTHPLACE	State or foreig			2. CITIZE	N OF	13. FATHER'S NAM	South East	Avenue	
MARYL	1.10				COUNTRY?	JOSEPI	F. 1	0	
		e kind of work	14B, KIND		IESS OR INDUSTRY	15. MOTHER'S MAG	DENINAME		
- ISET.						SopHiA	BANASZ	44	
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	17. 5	OCIAL ECURITY NO.	18. INFORMANT		AD	DRESS
NO				213	3-12-6974	MSR. SOPH	is TOLL	3506 1	OSEKEMON BE #1
19. buf	24				CAUSE OF DEA	TH		0-00.7	APPROXIMATE INTERVAL
DISEAS	E OR COND	ITION DIPE	TIV		Arterioso	lerotic car	diovascular	disease	BETWEEN ONSET AND DEATH
	LEADING TO		4161		4. WHITEDUTE C	Aller			
(This does not mean the mode of dying, e.g., heart foilure, asthenia, eic., il means the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:									
DISEASES O	NTECEDENT OR CONDITION E ABOVE CAI NG CONDITI	ONS, IF ANY	, GIVING ING THE		(B)	AS A CONSEQUENCE	OF:		
DISEASE OR	ATH BUT NOT	RELATED TO GIVEN IN PA	THE TERMIN	NAL				PPTP-0-7-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
20 A. DATE OF	OPERATION	208. CON	DITION	OR WHIC	H OPERATION WA	S PERFORMED			21. AUTOPSY? (Yes or No) NO
UNDERLYING UTING CA		TRIB-	2 h	2B. PLACE ome, farm,	OF INJURY (e.g., loclory, street, office	bldg., etc.) INJURY	RE DID (If in Boltimore	City, give exoc	t locotion)
OF INJURY (APPROX.)	(Month) (D	oy) (Year)		22E.INJ WHILE A	T NOT AT W	WHILE -	V DID INJURY OCCU	R?	
23.									
1 cert	Ify that I he	eld an In	quiry _	Insp	ection X Aut	opsy and t	hat on this basis, o	death in my o	pinlan
result	ed fram: N	otural caus	es X	Accide	nt Suicid			ed manner	
ACTUAL SIGNATU		harl	8 S.	11	mgal M.D.	-	EDICAL EXAMINER		DATE SIGNED
EXAMINI NAME (T	ype)		s S.		gate, M.D.	400	EDICAL EXAMINER	☐ Mar	cch 4, 1971
24A. BURIAL CREA REMOVAL (Specifical Control of the	MATION, 2	3/6/7	',	0 0	ME of CEMETERY		BALTIM O	(City, town,	.,

25C. FUNERAL DIRECTOR

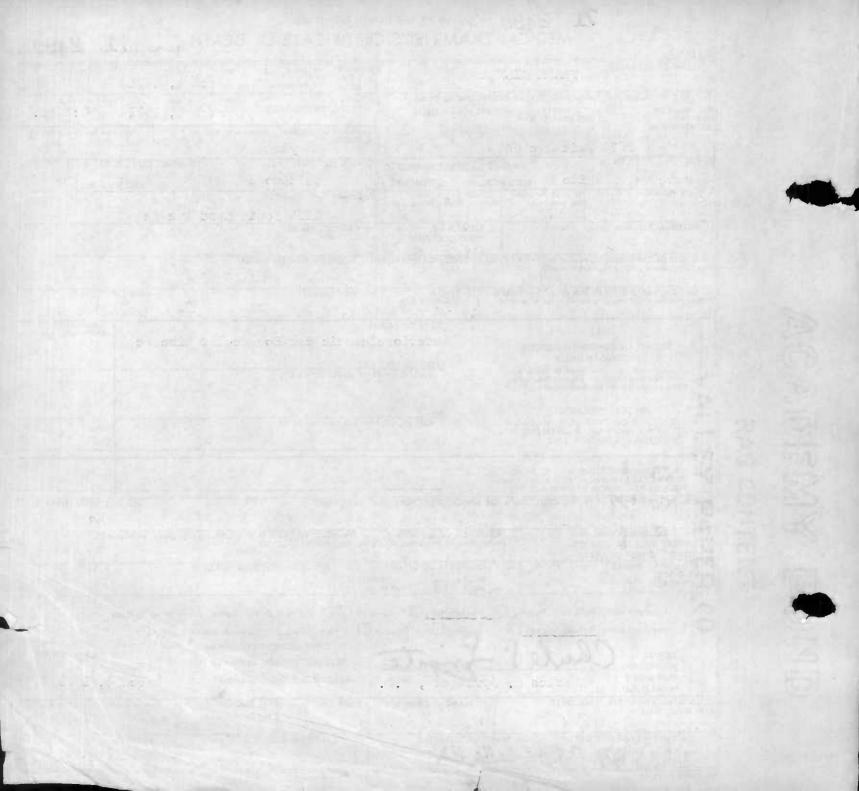
ADDRESS

. KACZEROWSKI 2525 SLEET

258. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68



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